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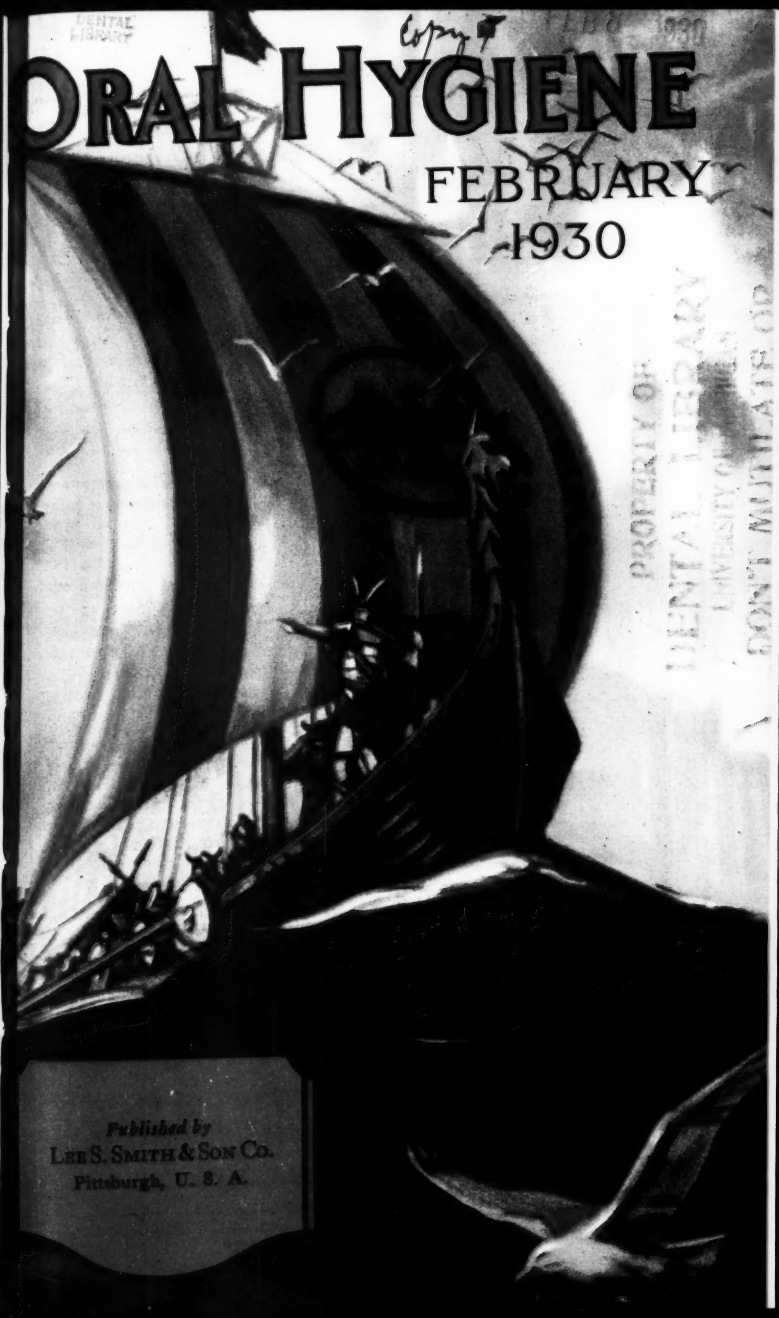

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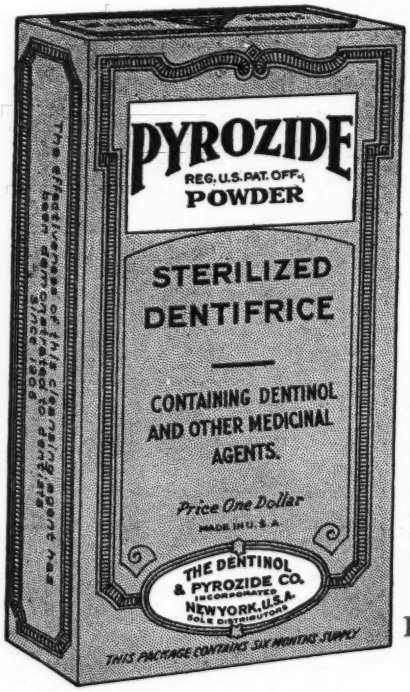

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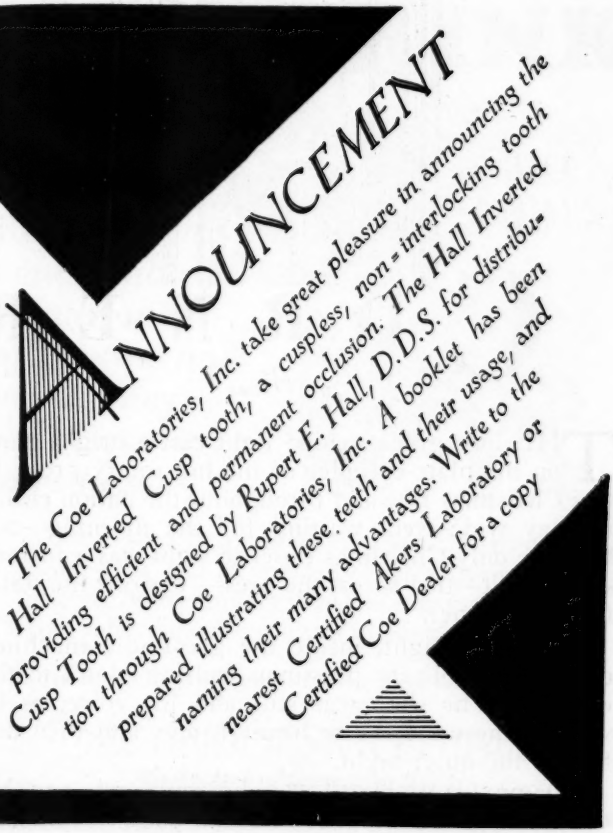

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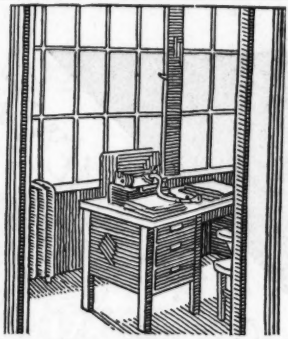

THE *Publisher's* *No. 103*

CORNER

By Mass

THE lone green-shaded light cast a bright glow on the plate-cylinder of the big rotary press. It was Christmas Eve and throughout the nation children lay wide-eyed, waiting for the morning—but here the only Christmas tinsel in sight was a forlorn strand of it—tied across the press—to draw the static from the paper.

Under the light, inside the great idle machine, crouched a solitary pressman, bolting plates to the cylinder. The shop was still and his voice, as he worked there talking to himself, now and then disturbed the quiet night.

"Damn ORAL HYGIENE," he muttered, and lay down the tool with which he had been working, to wipe the perspiration from his forehead with the back of a gray hand. He crawled from the press and stood up to stretch, then leaned against the great machine. A clinking sound startled him as his body touched the steel. And now he was smiling. The clink had brought recollection of the Christmas flask in his hip-pocket.

The evening wore on and the curved copper pages covered more and more of the cylinder. It was still

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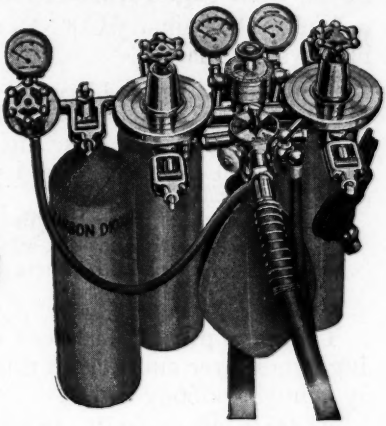

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Christmas Eve and some speed now would finish the job! This page—and that one—and another and another. "ORAL HYGIENE ish a gran' ol' rag—an' thish ish th' lasht page—*whee!*" The job was done.

And so the January CORNER remarked with engaging mystery that:

> Paul Adams catapulted himself
> in *Keystone Topics,* the athletic club paper here

and further along let loose the news that:

> a beautiful Chinese parchment scroll to hang on the CORNER wall.
>
> into the world of dentistry with his youthful convictions and untried purposes aflame—into the very world of dentistry in which ORAL HYGIENE readers live their lives.

My hat!

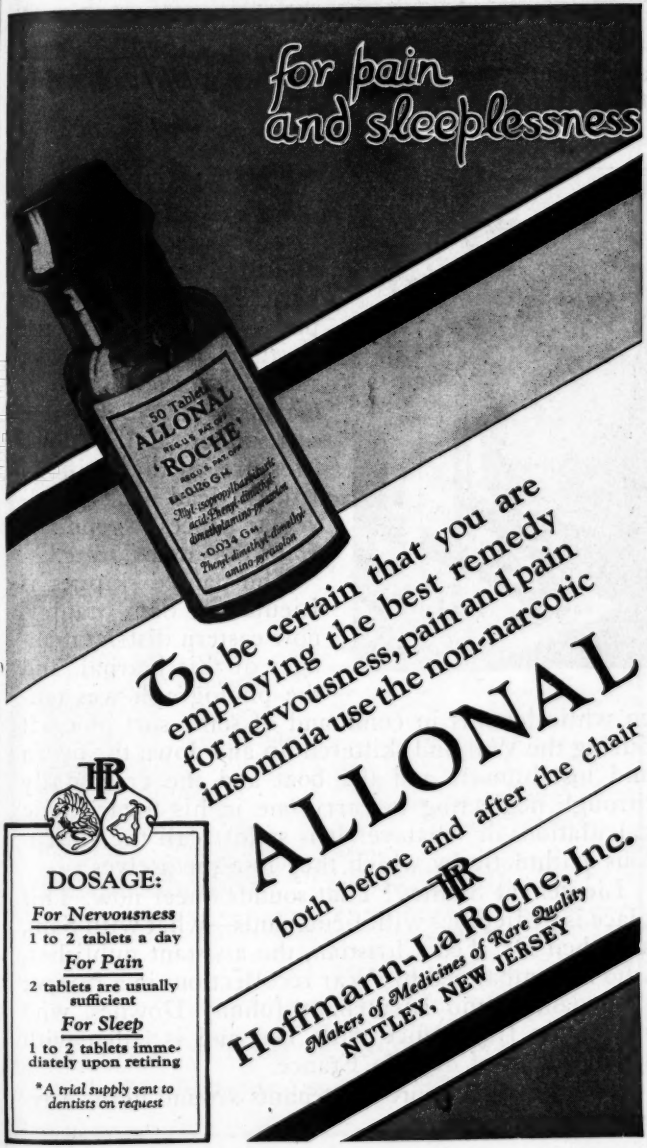
This neat puzzle had been contrived by transposing pages three and four of this department. Strangely enough, nobody did it.

At least, no one will say he did and up to now it has not been possible to penetrate the masks of injured innocence downstairs.

And so it has been necessary to construct the theory of The Solitary Pressman.

"But Mass okayed the press-dummy," they said downstairs, "Wait till we find it!" But it can't be found and I question whether it ever will be found. "Look in your pockets!" they said, tensely. But that precious bundle of smudgy sheets which would have fixed the responsibility is gone forever. And the problem is placed on the shelf along with the Rothstein case and the Charlie Ross episode and the still-pending answer to the question about Cock Robin's passing out.

WITH this issue the 7-color covers, reproduced from oil paintings, again appear. Pictures like this one of the Viking ship make one sigh for the days when life was pretty much a matter of darting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about raising hell. Still one might not wish to dart about pantless in chill sea air, like the skipper of this fascinating tub.

MUSING on nautical affairs I have just recollected an old picture and will print it here. This skipper is not pantless, which is just another proof that even such roystering blades as mariners have become soft under civilization's pressure, in the artificial life we lead—just as alveolar process (gooms to *you!*) has deteriorated.

The panted skipper is Lieutenant Sam Stanley, now eastern district manager of this journal, and the photograph was taken while he was in command of some sort of craft during the War and skittered up and down the ocean and lost himself and the boat and the crew daily through neglecting to carry one in his logarithmic calculations or whatever it is sailors call the ridiculous arithmetic by which they lose themselves.

Lieutenant Stanley! That sounds queer now. This place is pediculous with lieutenants—what with Sam, and then Dr. Ted Christian, the assistant publisher, who has embalmed his War recollections in a reserve lieutenancy—and Lieutenant Johnny Downes, who shares the front office with Ted and is laden with strange tales of days in France.

There may be more lieutenants around here. Anyway we hope not.

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KNIVES! Besides the Chinese scroll noted here last month, Dr. Asger, Hong Kong CORNER-customer, also sent a Chinese dagger. Mr. Raeder, of Church & Dwight, mailed a yard-long dirk for bread or other slicing, and King Ed of Ft. Wayne hands over a sharp little penknife.

All this seems to be the height of something or other pretty sinister, particularly when the bullet-proof vest catalog, from an anonymous source, is taken out again and stared at.

ELSEWHERE in this number there is a sentence or two announcing ORAL HYGIENE, ESPANOL—which, printed in Spanish, will before long circulate throughout the Latin-American dental profession—from the Rio Grande to Cape Horn.

If pages are transposed in the Spanish ORAL HYGIENE I will never know it, and that's a comfort.

The CORNER won't appear in it anyway. I cherished hopes of seeing this stuff bespattered with accents, but the senor read some in English and raised his eyebrows. "But," he said, "thees does not mek what you call sense."

* * * *

And the CORNER ends—*buenos noches!*

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February, 1930

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Twentieth Year

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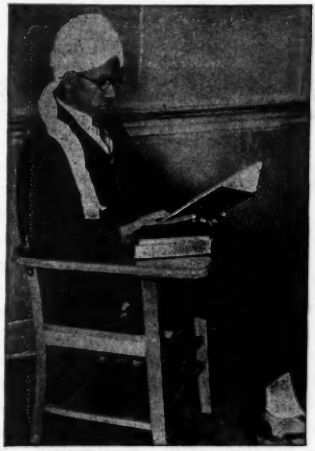
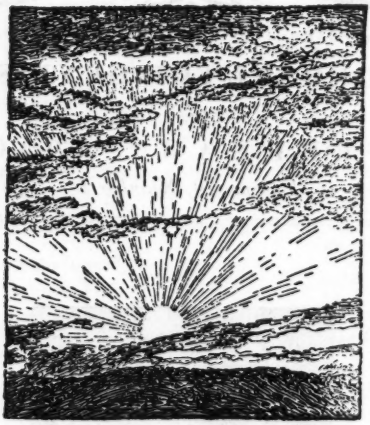


International Photo

Rajah Studies to be Dentist

Hermana Seearan, Indian Rajah, who is a student at Temple University. He is engaged in pre-dental work and plans to introduce the profession at his home where there are no dentists.

HISTORY of HE



By R. Allan Griffith, D. D. S., Chicago, Ill.

HELIOTHERAPY, the treatment of disease by exposure to sunlight, has been practiced from the earliest times of which we have any record. "Light is the very life of man," was written centuries ago, and will be written again and again in the years to come. Without the energy which comes from the sun, life on this planet could not exist for more than a few moments.

From the beginning of recorded time, men in all stages of civilization have recognized the importance of light, and sun-worship has been common among the most primitive of people. Even in the religious ceremonies of our highest civilizations of the present time, light plays an important part.

There is good evidence to show that as far back as 4,000 years ago, many were worshipping the sun, especially when the photochemical powers of the sun were the greatest. Early Biblical peoples, the Philistines and the Israelites, had a god of healing in the person of the sun-god Baal.

Among ancient peoples who were sun-worshippers, in addition to the Israelites and Philistines, we find Arabians, Chaldeans, Syrians, Egyptians and Romans. In America the Aztecs and Megas of Mexico and the Incas of Peru were sun-worshippers. In most cases the sun was worshipped because of its sup-

HELIOTHERAPY

This is the first of a series of articles on Heliotherapy. Succeeding issues will carry the rest of the series and we hope that you will derive pleasure and benefit from them.

---

posed power of being able to drive away the demons of sickness and to expel disease. The Incas even used sunlight in the treatment of syphilis.

The Egyptian royal high priest Akhnaton founded the religion of sun-worship in that country. The sun-god Anton, or Anton-Ra, was the god of fecundity, fertility, generation, reproduction and bounty in the human, animal and vegetable kingdoms.

That sun-worship should have been practiced by primitive peoples is not surprising for earlier civilizations associated light with life, warmth, bountiful harvest, divine love and power, enlightment and happiness and consequently with the salvation of body and spirit. Even today the powers of darkness and evil are coupled in religious writings and are generally considered the cause of disease and crime. Even psychology couples darkness with depression and light with elation and buoyancy.

Hippocrates, the father of modern medicine, practiced, on the Island of Cos, in the Greek Archipelago about 400 B.C. He erected a great temple to Aesculapius, god of the sun, medicine and music. The priests of the temple were also physicians and used the natural agencies of sunlight, air and water in the treatment and cure of disease. His temple was excavated by archaeologists in the early part of the present century.

A realization that the sun was a natural therapeutic agent totally distinct from any relation to deity was brought forward by several famous physicians early in the Christian era. Celsus and Galen recommended sun baths for various conditions. Antyllus, a Roman surgeon, treated many conditions, rickets and muscular atrophy among others, by means of "sun massage" and emphasized the value of pigmentation produced by exposure to the sun's rays.

The mysticism of the Dark Ages naturally associated heliotherapy with astrology and the influence of stellar light. The darkness of this period, however, did not obliterate the work of a brilliant group of Jewish physicians of Arabian extraction whose works have come down to us and demon-

strate the use of light in the treatment of disease. Few of us realize the debt we owe the Arab for preserving the civilization of the older peoples during the Middle Ages. "Knowledge comes, but wisdom lingers." Science — particularly medical science—is today but emerging from the darkness of the Middle Ages. We are gradually, and in many cases reluctantly, sloughing off old beliefs and theories, and slowly but surely entering into a new era in which Nature's forces will be more properly understood and used. Animals instinctively expose their wounds to sunlight. Plants kept in darkness soon become mere ghosts of their former selves. Human beings suffer, at least indirectly, from lack of sunlight. Vegetation depends upon sunlight for proper growth. The ductless glands of the body function best in the spring and summer when the photochemical powers of the sun are the greatest.

Bovie reports an interesting experiment at the State University of Maine, dealing with the influence of light on the growth of chickens. Two hundred and fifty chicks were used and were divided into three groups. The chicks of the first group were allowed to run outside the greenhouse in open sunlight although they came in to eat and sleep. The chicks in the second group were exposed to the rays of a quartz-mercury-vapor lamp for twenty minutes each day. The chicks of the third group were shielded from the rays of this lamp, so that they received only the sunlight which passed through the glass roof of the greenhouse. There is a very restricted range of wave-lengths in the solar ultraviolet that is transmitted by glass. Since in these experiments the chickens grew and developed normally in full sunlight and in ultraviolet, and since they did not grow and develop normally in light transmitted by glass, it is evident that chickens, at least, are vitally dependent on this narrow band of ultra-violet light.

From the first moment that the first living organism emerged from the Paleozoic ooze, light has been a necessity to the continued existence of that life.

If we trace life back to the time of its earliest origin, we meet a few simple conditions: energy derived from the sunlight; water formed by the condensing vapors of the cooling earth; carbon-dioxide gas which must have been abundant in the atmosphere at that time; and a few mineral salts deposited in the cooled portions of the earth. The mineral salts available at this early period were probably few in number. These were probably carbon, oxygen, hydrogen, nitrogen, some sulphur and phosphorus, and traces of about a half-dozen other elements.

Moisture as well as heat, is essential to life and consequently life must have had its beginning in water or where moisture was present. We do not know whether plant or animal life came first but we do know that plants have the power to convert the elements of lifeless matter into a living state. We know that plants store up energy from inorganic matter for its own use in growth and germination and for the direct and indirect use of animals.

The German chemist, Von Bayer, has advanced what is probably the most logical idea regarding the origin of life. According to Von Bayer, carbon-dioxide and moisture under the influence of sunlight formed formaldehyde and that, in turn, formaldehyde was quickly acted upon by sunlight to form starches and sugars and all the many complex organic compounds found in the plant. A large accumulation of formaldehyde would kill the plant, consequently its presence in young plant-cells is always transient and in extremely minute quantities. These amounts are so small that many investigators, at first, were unable to find such small traces of formaldehyde in the plants. Later, very delicate tests were discovered which detect as little as one part of formaldehyde in a million and through these tests Von Bayer's theory has been proved.

Since this positive test for formaldehyde was discovered, the first step in the synthetic action of plants has been duplicated in the laboratory in imitation of life. Organic matter has been built up in the laboratory by the agency of a mercury-vapor lamp acting on carbon dioxide in the presence of an inorganic colloid.

More and Webster found that either colloidal hydrated ferric oxide or colloidal oxide of uranium were satisfactory solutions. They used quartz containers because quartz is transparent to the near and middle ultra-violet rays. A mercury-vapor lamp furnished a steady supply of ultra-violet radiation which played upon the quartz flask containing the colloid, while a stream of carbon-dioxide gas slowly bubbled through the liquid. After a few hours the test for formaldehyde was positive. Formaldehyde, once formed, is soon acted upon by more radiation and becomes transformed into increasingly complex organic material, on and on toward life.

Life is due to the sun's radiant energy which starts and continues reactions which enable the plant to convert, through a mysterious alchemy, the lifeless into the living. Thus compounds are formed which are used by the plant for its own needs and for the nutrition of the herbivorous animal.

Few people realize how absolutely dependent we are upon the energy which comes from the sun for the incipiency of our existence, for our gradual evolution, and for our continued

existence. Every living thing in the world today owes its existence to the early occurrence of carbon-dioxide in the atmosphere. Carbon-dioxide warmed by the sun's rays and acted upon by the ultra-violet in those rays started the synthesis which resulted in life with its countless mysteries and complexities.

Every race has religiously sensed the enormity of our obligation to sunlight and has worshipped light and fire for untold centuries as an expression of an inherent faith in their life-producing and life-sustaining beneficence. The interest of science has been awakened and is proving to the world that this ancient trust has not been misplaced. Artificial means of reproducing sunlight have been in use for a long time and now have a fixed place in modern therapy. Artificial sunlight is not a panacea for all the ills that flesh is heir to, but properly selected cases treated with correct technique, will have their time of treatment shortened by ultra-violet radiation, and this therapy will help to cure obstinate cases which might otherwise continue without relief.

As our knowledge of heliotherapy and artificial radiation increases, much of the empiricism that has hitherto hindered their scientific development will be dissipated. From this knowledge must emerge an implement useful in the eternal vigilance against human disease. Not only is ultra-violet radiation a necessity in modern therapy, but it is equally important today in the prevention of disease.

It is as necessary to keep people well as to make them well. Not only to keep them fit but to make them more efficient—to maintain that feeling of well-being which should be ever present in every human being—to make them feel the joy of life, the joy of work and the joy of just being alive.

Dr. Bunting Honored

Dr. Russell Bunting, of the University of Michigan dental faculty, has been named the recipient of the Ohio State Dental Society award for excellency in research. The award is known as the "Callahan Memorial" and is offered annually to the one dentist in the United States who has shown marked progress in dental research during the year. Earlier in the year Dr. Bunting received the Cuzen Fellowship for Research.

A Treatment for Fracture of the Maxilla

By Rea Proctor McGee, D. D. S., M. D.,
Colonel D. R. C., Hollywood, Calif.

THE New Zealanders, in their military hospitals, used a Kingsley splint made of a lower impression tray with strong wire bars of sufficient length riveted or soldered to the sides of the tray, according to the kind of metal of which the tray was made. These splints were very useful either for mandibular or maxillary fractures. The splints were adapted to the case in hand with a layer of "Stent," which is modelling compound.

The Kingsley splint has been and now is standard for fractures of the upper jaw. It is needless to point out the fallacy of inter-maxillary wiring where the maxilla is fractured.

Never use inter-maxillary wiring where the upper jaw alone is fractured.

The first consideration in maxillary fracture is to support the upper jaw. This can best be done with a head anchorage. The principle of the Kingsley splint has not been improved upon for this purpose. The second consideration is the movement forward, or laterally, or both, in those cases where there is a displacement of the fragment. In almost all of the max-

Fig. 1

a. The area to be covered with plaster bandage.

b. The soft edge of the stockinette cap that is allowed to protrude for protection from the hard plaster margin.

c. The topnot made by tying the open end of the stockinette to form a cap. This area is cut out after the plaster sets in order to avoid pressure on the top of the head and to let in a little air.

Fig. 2

a. Long wire loop from temple to occiput to which the cables supporting the splint are attached.

b. Long wires, doubled, which are to be bent downward and attached to the front of the Kingsley splint to draw the broken upper jaw forward to its proper position during the process of repair. These wires are to be bent up so as to make the ends where the traction is applied, even with the lower border of the upper lip.

illary fractures that require splinting, there is displacement.

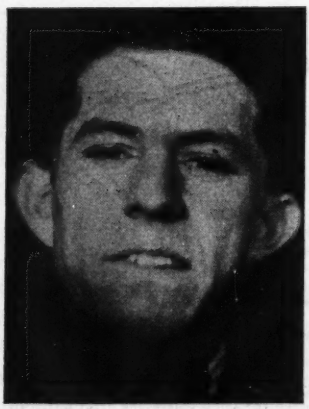
My plan for moving the displaced bone gradually is easy on the patient and not difficult for the operator. The idea is to support the fracture and at the same time move the fragment into its proper relationship with the lower jaw and thus restore a normal appearance and the proper occlusion.

The apparatus used consists of a plaster head cap with loops for the attachment of adjustable supports for the Kingsley splint and two spring wires embedded at one end in the sides of the head cap and extending forward approximately seven inches; the exact length is governed by the length of the face of the patient.

The first detail is the head cap. This is made with two-inch plaster bandages over a doubled stockinette cap. The stockinette six inches wide is fitted snugly over the head and the wet plaster bandage is gently wound around the area indicated in the drawing. The top of the head

No. 1

The appearance of the patient during treatment is shown in photograph No. 1. Photograph No. 2 shows the profile after recovery and Photograph No. 3 shows appearance from the front.



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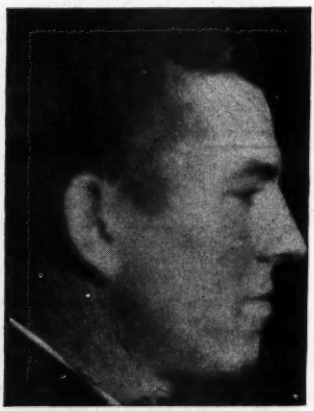


No. 2

should not be covered and the plaster edge must not touch the ears.

After the indicated area is covered with one or two plaster bandages, the plaster may be allowed to set while galvanized steel wire No. 12 gauge, about the size of baling wire, is bent to the shapes indicated in Figure 2. On each side of the head a long loop of wire is bent to extend from the temple to the occiput, Fig. 2, a.

The long wires (b) Fig. 2, are double. They are bent down to be attached to the anterior arches of the Kingsley splint. The tension is regulated by sharp bends in the wire as desired.

The apparatus described may be used to guide the displaced fragment any direction except backward.

Those who have tried to correct the placement of an upper jaw fracture after the repair by direct upward support only will recognize the utility of this mechanism.

"Oral Hygiene" Returns Prodigal Bridge

In ORAL HYGIENE's account of the Washington dental meeting in the November issue, we told about a removable bridge being found in the Pennsylvania Station in Washington by C. W. Barton of our staff. Dr. C. E. Peterson, secretary and treasurer of the Connecticut State Dental Association, Rockville, Conn., saw the picture of this bridge in ORAL HYGIENE and thought that he recognized his handiwork.

We sent the bridge to Dr. Peterson and received the following in reply:

"The removable bridge arrived yesterday and 'wonder of wonders' it belongs to my wife. It is now reposing safely where it ought to be—in her mouth, and I believe hereafter she will keep it there—maybe.

"It is hard to express my appreciation to you and your publication and I will compromise by saying 'Many thanks'."

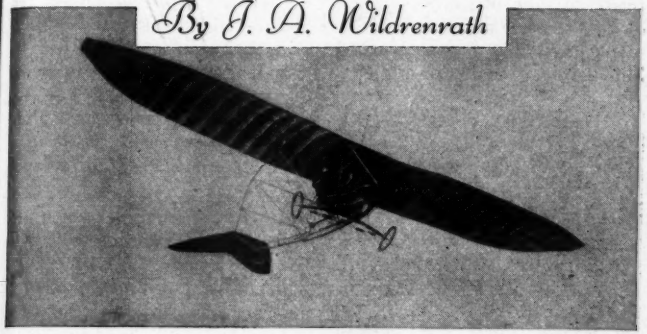
All of which proves that it is a small world after all and that it pays to read ORAL HYGIENE.

Illinois State Dental Society Eleventh Annual Meeting, Ottawa, Illinois, May, 1875

Courtesy of Dr. T. F. Stratford, Chicago, Ill.

Dentistry Takes to the Air

By J. A. Wildrenrath



The third of a series. Readers are invited to furnish information for further articles.

WITH the startling activities in aviation going on about us and this new means of transportation rapidly becoming a part of our everyday lives we sometimes wonder how it all developed. We turn back to the days when flying was truly a game of chance and experiment and find as one of the first flyers, now a member of The Early Birds, a young German by the name of Dr. John Freund.

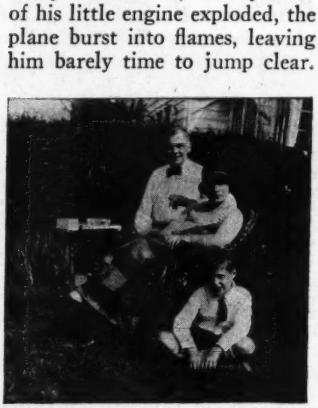
The thought of soaring in the air so enthused Dr. Freund that he became one of the first few gentlemen flyers of Europe who delighted in the sport of flying.

Dr. Freund enjoyed his first flight as a passenger in a Wright plane of the catapult type, that had to be catapulted for the takeoff, because of the sled landing gear instead of the wheels used on all land planes today. The Wright brothers were then displaying this plane abroad. This experience was only the forerunner of many to follow as he decided immediately to become a flyer for the sport of it. He took instruction from Engineer Dorner, a friend engaged in the study, development and manufacture of planes that would fly, in August and September, 1910, at the field in Jahannistal, near Berlin.

He proved a good student, soloed successfully and on the

The picture above shows Dr. Freund flying over Egypt.

day of his license test, when ready to take off, one cylinder of his little engine exploded, the plane burst into flames, leaving him barely time to jump clear.



Dr. Freund, his wife and son.

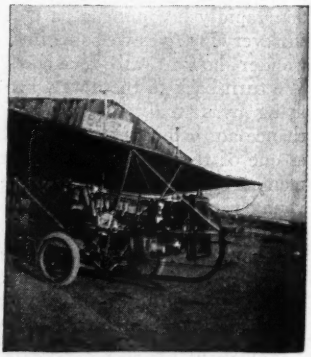
Following this he went to Cairo, Egypt and then asked his friend Mr. Dorner to build him a new plane, come to Egypt and give him further instruction. He became proficient, carried as passengers several British officers, often reaching the great height at that time of 75 meters, and staying aloft the amazing period of an hour at a time.

Dr. Freund secured his pilot's license and held the fourth one issued in Egypt by French authorities.

Whenever he had a mishap he repaired the plane himself and on one of these occasions he recalls his tremendous thrill when first taking off to try his repaired plane, rising only a few feet from the ground to see that everything was in good working order, staying at a low altitude for a margin of safety in case his repairs proved incorrect. He pictured the delightful sensation as feeling like a bird, when he soared along and often on some of his flights would cut his motor to make a graceful glide to earth. All this he accomplished with a 45-horsepower water-cooled motor.

On one occasion when he smashed his propeller in a misjudged landing, he and Mr. Dorner immediately invented another one and had it carved by an Italian "Madonna" carver. This propeller was later placed in one of the museums in Berlin as a curio.

Dr. Freund's ability as a sportsman pilot was rapidly recognized and he was frequently requested to fly new planes and



Dr. Freund's plane

his judgment of their performance was sought.

At the unveiling of a monument to the French aviator Moullard at Heliopolis, Egypt,

Dr. Freund was requested by the International Committee of Aviation to make a flight in Moullard's honor over the monument at the time of the ceremonies. Then he reached the startling height of 200 meters. For this courtesy Dr. Freund was awarded by the Aero Club of Egypt, of which he was a member, an internationally recognized pilot's certificate. For it was considered extraordinary that a German gentleman aviator in a German plane paid homage to a dead Frenchman who had done so much for the early development of aviation.

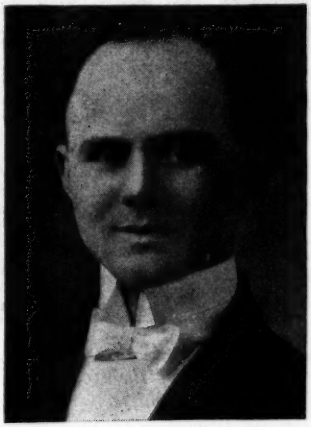
At the outbreak of the World War Dr. Freund's plane, of which a photograph is shown, was confiscated from his hangar in Egypt by the British for their use in the War.

Dr. Freund later came to this country continuing his practice of dentistry in New York City and has been a resident since. Though not active as a flyer any more, he is still an ardent aviation enthusiast.

To the daring and ability of such men as Dr. Freund we owe most of the progress and development that has been made in aviation.

Memphis Dentist Praises Recreation Flying

Another dentist who has undertaken aviation in a serious way, but merely for pleasure, is Dr. A. A. Weber of Memphis, Tenn. Dr. Weber took his first lessons in June, 1927 at Armstrong Field, Memphis, under the direction of Capt. Vernon C. Omlie and received his pilot's license in September of the same year.



Dr. A. A. Weber

Since gaining his pilot's license, Dr. Weber has had over 230 hours of solo flying and has used many types of planes including the Standard, Waco, Eaglerock, Monocoupe, Commandaire, Cessana and Curtiss Robin.

Dr. Weber praises flying as a recreation for the dentist: "I consider flying the most invigorating, stimulating and pleasant form of recreation in which it has been my privilege to participate."

International Congress of Oral Hygiene

Utrecht, August 5th-10th, 1929

By Charles W. Barton

Under the patronage of the Dowager Queen of Holland and the honorary presidency of H. R. H. Prince Hendrik, the International Congress of Oral Hygiene was held in Utrecht, from August 5th to 10th, 1929. Chairman of the Congress Committee was Dr. A. L. J. C. Van Hasselt, and Secretary Dr. J. A. Salomons.

Dr. A. L. J. C. Van Hasselt, Chairman of the Congress Committee.

It has been made possible to review the salient papers read before this convention, all at one time and so shortly after the meeting, by the initiative of *Tijdschrift Voor Tandheelkunde* which has published them in extenso in its July 1929 issue.

Professor Ernst Jessen, of Bale, the rector of school dentists and president of the hygiene committee of the International Dental Federation, contributed an excellent survey of the development of school dental clinics. Jessen himself started the entire movement of dental service for school children as far back as the year 1885 when "in Strasburg, school children and soldiers were first given systematic, conservative and free dental treatment, during separate office hours and by private means." In 1902 the municipality of Strasbourg opened its first school dental clinic. Cunningham in England, initiated school oral hygiene very soon afterwards, also on his own initiative. The immense success of the Strasbourg school clinic was clearly demonstrated ten years later when comparative statistics were compiled between eight-year-old children of Strasbourg and of Moabit-Berlin where no school dentistry was then practiced. In Strasbourg the girls showed 50.4 per cent and the boys 54.3 per cent healthy six-year molars, while in Berlin there

were only 9.2 per cent and 7.5 per cent sound six-year molars, respectively. In 1909 only 81 school dentists treated 45,836 children in the whole of Germany, and in 1929 Prussia alone has 1,034 school dentists attending to 2,500,000 school children.

Prof. E. Gorter, of Leiden, assigns nutrition and metabolism a very important role in the etiology of dental disease, and outlines their treatment and prophylaxis on the basis of a correction of the nutritional regime aided by ultra-violet rays and irradiated ergosterol.

Dento-maxillary orthopedia — not specialized orthodontia — according to Dr. Watry, of Brussels, is of great significance from a social viewpoint. It has been so conclusively proven that the correction of malformation, malposition, and malocclusion of mouth and teeth has a decided bearing on the mentality of the patients and also on the prevention of a great many diseases of different organs of the human body that the general dental practitioner must also pay attention to such irregularities and do all he can to have them corrected.

Fletcherizing, long since removed from the front row of public and professional attention, has been resurrected by Dr. Schonwald, of Berlin, who believes to have found a salutary influence of fletcherizing during the early years of a child's life on the development of its permanent teeth. The author has gone to considerable trouble in measuring the masticatory strength of a great many jaws of young children, and some interesting statistics accompany his paper. It goes without saying that the mastication of hard—i. e., natural—foods and the accompanying thorough insalivation, especially of the carbohydrates, must help the development not only of jaws and teeth but also of the rest of the body; it is simply a question of establishing correct function together with correct nutrition of all the organs of the body, and the rest will be health, systemic and dental. Dr. Schonwald — very laudably — recognizes the importance of correct natural feeding for the success of what might be called "orthodontia without appliances."

In contrast to this highly practical paper stands Dr. A. F. Jackson's (Philadelphia) contribution on "the interrelation of causes, factors and treatment in orthodontia." The author has treated his subject in broad outline: "The factors that are basically responsible for the orthodontic problem are the changes in environment and nutrition which man has undergone, the result of crossbreeding of different types and races and, pervading it all, that intellectual, volitional, spiritual element which dictates his actions in either the right or wrong direction with their subsequent effects upon his physical make-up. The real solution to the orthodontic problem in man lies in the development of his intellectual and moral qualities. All the religious speculation and philosophic reasoning of the world is involved in the problem." In view of the complex nature of the problem "when, due to natural limitations the ideal arrangement to be desired seems unfeasible of attainment, judging from past experience in treatment, it is perfectly justifiable to seek a satisfactory compromise." As orthodontic measures the author mentions only appliances, surgical interference, prosthetic restorations, "and all the means available to promote the highest standard of physical and mental well-being."

Speaking of "The Significance of Conservative Dentistry for Hygiene," Dr. C. H. Witthaus, of The Hague, paints a rather distressing picture of the past failures of dentistry to stem the progress of caries and periodontoclasia. He still holds that they are responsible for most anything that ails the human body; he does not mention the new orientation of dentistry which considers the systemic economy of the human body in its proper relation to all its organs, including mouth and teeth. Dr. Witthaus has done much

to propagate school dental hygiene and public dental treatment in Holland. He is aiming to duplicate the success of Jessen and Kantorowicz. "Our ideal," he says, "has to remain conservative — no change!" He suggests a "dental record book" for every child, to be kept up throughout life, a book of 40 pages.

S. F. Gottlich, of Amsterdam, unfortunately also tries to perpetuate one of the excusable mistakes of the past. According to him "the direct causative agent—in the etiology of tooth decay—remains fermentation of carbohydrates, originating from food debris lodging around the teeth; accordingly, the proverb, also gradually coming into vogue in Europe, in this conception finds its support that *a clean tooth will not decay*. It is surprising that the author did not hear the bang with which *that* theory exploded long ago.

Dr. Th. E. De Jonge-Cohen of Amsterdam mentions in a paper on "The Balance of Articulation and Dental Hygiene" that the extraction of one single tooth from a perfect denture may foster or provoke decay in eight different places. Economically, then, a single extraction becomes a very costly measure, unless immediate prosthetic restitution is made. The author puts the pertinent question — without volunteering an answer—as to which is the better and wiser procedure from the point of view of public's economy: root canal therapy or extraction?

Touching briefly on "Paradentosis and Mouth Hygiene," Dr. H. K. Michaelis of The Hague, holds that the chief local causative factor of periodontoclasia is lack of cleanliness. Therefore, "the treatment of the surroundings of the teeth is at least as important as the treatment of the tooth itself."

Dr. H. G. Pitsch, of Amsterdam, criticizes the sick and mutual-benefit funds and the insurance companies of his country for their lack of assistance in the sanitation of their policy holders' mouths and teeth. He says that health insurance without dental treatment cannot be called health insurance at all. When societies undertake to insure their members' well-being they are obliged to look after their teeth also.

Prof. B. C. P. Jansen, of Amsterdam, contributes a useful paper on the influence of food on the condition of the teeth. It is particularly gratifying to note that he deals the *coup de grace* to Rose's interpretation of the purely accidental relations between so-called hard water and good teeth. The author deals chiefly with the role of the vitamins in nutrition as related to calcium metabolism and structure of the teeth.

"Dentistry and the Methodical Combating of Rheumatic Diseases" is the subject of a paper by Dr. J. Van Breemen, of Amsterdam. We did not know that there exists an International League against Rheumatism.

A most able, crisp, and convincing paper is that of our own Dr. Percy R. Howe on "Our Food and Our Teeth." Who else but Dr. Howe could sum up the situation as conservatively yet concisely? "For more than fifty years we have been trying to ward off the ravages of caries by repairing the teeth and by hygienic means with no appreciable effect on the cause of this affliction. Recent research strongly indicates that we have been on the wrong track or have not gone back far enough towards fundamental causes. As this brief paper indicates, this appears to lie in the dietetic field."

Dr. J. S. Bruske, of Amsterdam, speaks much in the same tone in his paper, entitled "Dens Sanus in Corpore Sano." This slogan, a modification of Juvenal's well-known tenet of *Mens sana in Corpore sano* originated in U. S. A. in 1926 with a dental cream. Dr. Bruske's paper is one more document toward the firm establishment of the truth that the first requirement for a healthy denture is a healthy body, and not vice versa.

Still another contribution to the

same subject is Dr. F. Duyvesz' (Amsterdam) paper on "Oral Hygiene and Constitution." Here are passed in review the relations between nutrition and teeth, and a more systematic consideration of systemic conditions in diagnosis and treatment of oral affections is recommended.

An optimistic and refreshingly hopeful tone pervades the contribution of Dr. W. L. Van Andel, of Amsterdam, under the title of "School Dental Hygiene and the Future." All will be well, says the author, if the children learn, the parents know, and the dentists prove that dental caries cannot be cured but that it can be prevented.

Further papers were read by Dr. K. Cohn, Berlin, on "The Organization of Dental Service in Rural Districts"; Mrs. L. De Beer-Van Essen, Amsterdam, on "Infants' Dentistry"; Dr. J. A. Van Heuven, Utrecht, on "Relations Between Affections of Mouth and Eye"; Dr. A. A. J. Van Egmond, Utrecht, on "The Result of Lack of Oral Hygiene on Diseases of Mouth, Throat and Nose"; Dr. H. Lammers, Rotterdam, on "The Value of Oral Hygiene in the Fight Against Cancer"; Dr. A. E. Rowlett, Leicester, on "The Problem of Oral Sepsis"; Dr. B. H. DeBeer, Amsterdam, on "The Home Care of the Mouth"; Dr. G. Stein, Vienna, on "Oral Infection and the Means for its Eradication"; Prof. Manlok, Berlin, on "Does the Future Belong to Biological Mouth Hygiene? Dr. Ch. F. L. Nord, The Hague, on "Who is to be Trusted with the Interest of Oral Hygiene?" Dr. J. Sanders, Amsterdam, on "Oral Hygiene in the Dental Curriculum", and Dr. G. Haber, Berlin, on "The Amalgam Question."

Space forbids a review of these interesting papers at this time.

What are Your Answers?

1. Is there any system that will guide a dentist in choosing a location?

2. What great handicap does every graduate dentist face in starting his professional career? How may it be overcome?

3. What does business acumen mean in the practice of dentistry? What is its mortal enemy?

4. What amount in dollars and cents constitutes the average dental practice of the present time?

5. What is a "sucker list" and what effect does it have on dentistry?

6. Is a course in dental economics the only thing a dentist need do to put his practice on an economic basis?

7. Is there any limit to the volume of practice any average dentist may build?

8. What is ethical publicity? Where can a dentist obtain information on this subject?

9. What is the first and greatest "sales appeal" that any dentist may make to his pa tients?

10. What percentage of dentists are unhappy in their profession, and why?

(Answers on page 291)

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Drawn for ORAL HYGIENE *by Don Herold.* ***Giving Them a Road Test.***

Wanted— More Thinkers in Dentistry

By Howard J. Risk, D. D. S., Lafayette, Ind.

DENTISTRY needs more keen-minded young men who are not afraid of hard work. Thinking is hard work—so hard, in fact, that nine out of ten leave it for the other fellow to do. Too many dentists die, figuratively, shortly after graduation; thereafter only repeating from day to day, growing constantly more and more mechanical for the rest of their lives. True enough, we all have our faults; but we can overcome them and make credible showings, if we will learn to think constructively.

Yesterday, dental thinking was mostly hard, matter-of-fact problems, but today we are hearing more and more about the "creative imagination." The dentist who hesitates to undertake something out of the ordinary, simply because of dread of mistakes, will never attain distinction. Preventive dentistry is still in its infancy. The control of dental caries by diet and medication is a new field of unlimited possibilities. In college we were taught to think hard, to work hard, to multiply our capabilities and make the most of ourselves. In dentistry today we must continually face new, vital problems. At present there is a well-planned effort being made to do away with dentistry and place it among the specialties of medicine under the name of stomatology. Let it never be said that dentistry was tried and found wanting.

In this pleasure-seeking world, many of us lose sight of our real objective and our best possibilities for advancement. We do not allow *our dentistry* to thrill us on to greater achievements. We get our thrills from our golf, big sport events, movies, newspapers and the like. We become self-satisfied and

Giving Them a Road Test.

Dream for ORAL HYGIENE *by Don Herold.*

unmindful of our own opportunities. This is our zero hour. Suddenly we awaken to the fact that our neighbor is becoming more successful than we are. We become envious and wonder if his methods are ethical. Usually, however, he is simply making two blades of grass grow where one grew before, and we should be better off because of his activity. Perhaps we consult a plan for the rejuvenation of dental practices. Some of these are of value; but the safest way to success is to keep advancing and thrusting impediments aside. That kind of fearlessness is wisdom.

Tell people the truth about dentistry. Neglect of preventive measures and too much aggressiveness to sell expensive restorative work to people of moderate means can rapidly undermine the faith of the public in dentistry. Preventive dentistry, intelligently practiced, meets the hearty approval of the average American family. A few will always attempt to sell dentistry by trickery and high-pressure sales methods. Do not try to "work" the patient, but work harder yourself. Solve your problems by study and thought. Mix brains and efforts thoroughly, play the biggest, squarest game you know how, and you will insure yourself of some winnings that will not be measured alone by dollars and cents. Success in dentistry, of a lasting nature, usually requires a change of heart rather than the adoption of new plans and systems. Leadership in dentistry is not play. Surely no dental practice can safely become greater than the man himself.

DENTAL MEETING DATES

Dallas Mid-Winter Dental Clinic, Dallas, Tex., February 10th to 12th inclusive.

Buffalo University Alumni Association, Buffalo, N. Y., February 26th to 28th inclusive.

Central Pennsylvania Dental Society, Altoona, Pa., February 26th to 28th inclusive.

Rehwinkel Dental Society, Annual Mid-Winter Meeting, Chillicothe, O., March 22nd, all day and evening.

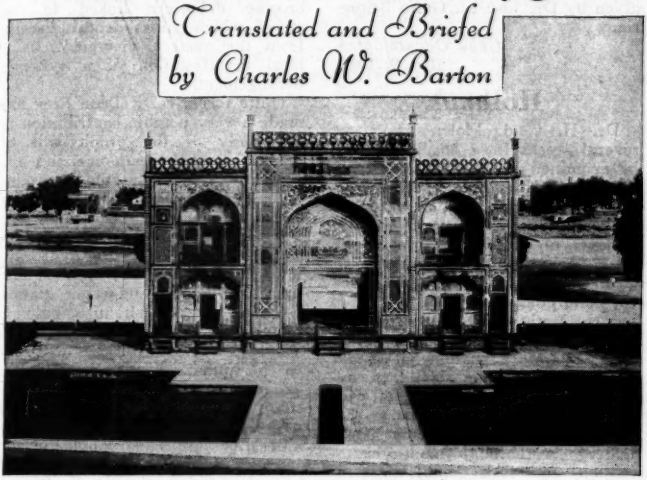
Connecticut State Dental Association, Stamford, Conn., April 22nd to 24th inclusive.

Massachusetts Dental Society, Boston, Mass., May 5th to 9th inclusive.

American Dental Association, Denver, Colo., July 21st to 25th inclusive.

International Oral Hygiene

Translated and Briefed by Charles W. Barton



The entrance to the Taj Mahal, India.

Haiti

The *Service Technique* of the government of Haiti issues an official bulletin every three months, of the medical society in this island state. One part of this publication is given over to dental affairs in which Dr. Jules Thébaud is taking the leading part. According to a recent issue of this periodical, the department of dental surgery of the National School of Medicine is "feverishly preparing the great crusade of propagating oral hygiene in the schools and among the people of Haiti." Lectures in French and in Creole, demonstrations, consultations, clinics, and press propaganda are being gotten ready, in brief—as the journal puts it—"all the batteries will be brought into action."

Dr. Thébaud, the initiator of the movement, has recently completed a test analysis of the dental conditions of several hundred school children of Port-au-Prince, in order to show the necessity of public oral hygiene for the welfare of his country. The valiant doctor makes no secret of the fact that such an oral hygiene movement is being transplanted from foreign lands into Haitian soil. What is more, Dr. Thébaud is anxious for help and advice from his dental colleagues abroad. ORAL HYGIENE is confident that all and any material suitable for dental propaganda will be sincerely appreciated by Dr. Thébaud, who should be addressed care of *L'Ecole Nationale de Medecine,* Port-au-Prince, Haiti.

Cuba

The Secretariat of Public Health recently inaugurated a new means of oral hygiene propaganda in the Cuban Republic by organizing popular lectures broadcast by radio. The Cuban Telephone Company have generously placed at the disposal of the Central Bureau of Dentistry station CMC. Dr. Humberto Cuéllar Del Río, chief of the bureau, is in charge of the broad-

casting, and the first lecture was given by Dr. José M. Otero Beguería.

Cuba Odontológica,
No. 9, 1929.

Holland

Dr. H. v. d. Molen has spent several weeks in a hospital where he examined the mouths of all incoming and outgoing patients, in order to find out whether or not it is possible to subject all hospital patients to thorough dental treatment. Dr. v. d. Molen has arrived at the conclusion that, under present conditions, it is not possible to put the teeth of all the patients in a healthy condition. The question arises, therefore, as to what should constitute, and how should be defined the activities of a hospital dental surgeon. The author holds that all newly admitted patients should undergo a thorough mouth examination, and such dental measures should be taken at once as will insure the removal of any condition which might interfere with the patient's general recovery. The cost of such dental service—the author believes—will be fully made up by the shorter time which the patient will have to remain in hospital. The principal usefulness of an intern dental surgeon in a hospital will be found in his co-operation with the other specialists, which will not only often lead to a more accurate diagnosis of the patient's condition, but also to a speedier recovery.

Tijdschrift Voor Tandheelkunde,
No. 10, 1929.

France

Since 1923, when the dental congress of the year was addressed by Rousseau-Decelle on the subject of the new orientation of the dental profession with regard to the etiology of dental caries, French dentistry has made mighty big strides to keep step with new developments, and has contributed its share to the fund of new knowledge. The names of Fargin-Fayolle, Tellier, Beyssac, Romey and others, have become definitely linked to the school which views dental disease, from the modern viewpoint, as a local manifestation of a systemic derangement.

Quite recently Dr. Léon Frey has made a very notable contribution to the study of the prophylaxis of dental caries by summarizing the newer notions on its etiology as influenced by factors external and internal to the teeth. Dr. Frey's survey is the work of a serious student, and delves into the hydrogen-ion concentration of the saliva, mucous plaques, endocrine glands, ultra-violet rays, vitamins, calcium metabolism, and nutrition. The very learned treatise goes to prove to the author's best belief that the prevention of dental decay is no more nor less than the sum total of endocrines — lumino-vitaminic considerations, of the prophylactic and curative treatment of the acute and chronic toxi-infections, and of a rational diet.

No doubt, much of all this is very true. Still, we cannot help but wonder whether Dr. Frey is not rather too much impressed by what he calls "this immense domain," and whether it is not due to his awe of the subject that he claims the *physician* to be alone competent to guide dental prophylaxis? It would appear from the closing paragraphs of Dr. Frey's otherwise excellent paper that he would delegate to the dentist the sole achievement of scraping and stopping the teeth, when in U. S. A. the dental profession is at this very moment elevating itself from the position of tinkers to the more honorable one of a learned profession.

La Revue de Stomatologie,
No. 10, 1929.

Italy

As a further token of sincere appreciation of Mr. Eastman's gift to Italian dentistry Prof. Palazzi, of the Royal University of Pavia, has dedicated to our philanthropic countryman a collection of scientific pa-

pers publishing the result of research done at the school of dentistry in Pavia. A study of Palazzi's on the effect of local anesthetic injections on pulp and periodontium agrees with another paper, by G. Grandi, in that novocain-adrenalin injections do in no way affect the above named organs permanently. Dr. Bracchetti contributes to the collection a review of Viennese dentistry, and Prof. Palazzi some notes on post-operative systicemia, and others on the scope and the means of modern conservative dentistry. A large number of excellent photo-micrographs accompany the two papers on local anesthesia.

La Nuova Rassegna di Odontoiatria No. 10, 1929.

Great Britain

Reporting to the Northants county education committee, Dr. L. Meredith Davies, C. M. O., states that the extent of dental disease and the appallingly septic condition of the mouths of the younger children has to be seen to be realized. "These children," he writes, "are suffering from slow chronic poisoning, and parents at times are unable to realize that the health of a child may be suffering harm without the child feeling acute or even slight pain. Hence the need for educative measures in the schools and at maternity welfare centers. Glandular, tonsillar, gastric and abnormal blood conditions are some of the commonèr immediate results of such mouths, and parents have often stated how much better in health a child has become after the oral sepsis has been cleared up and the mouth made clean and healthy." Dr. Davies adds that "lack of response due to ignorance and prejudice on the part of parents, and fear on the child's part, is gradually disappearing, and much voluntary appreciation is now voiced by grateful parents whose only regret is that such work was not carried out when they themselves were at school."

* * *

A conference, the first of its kind, was held in Leeds on October 25th, 1929, under the auspices of the Industrial Welfare Society. Representatives of industry and industrial dental surgeons had gathered to discuss the subject of dental service in industry. Several dentists in charge of industrial dental clinics, as well as members of various firms reported on their experiences with and the net result of such dental service. It appeared that the results both for employees and employers were equally favorable. Much interest was taken in the proceedings by representatives of large firms who attended, and their enthusiasm was manifested by the nature of the questions put to the dental surgeons at the meeting.

The Dental Record, No. 10 and 11, 1929.

India

In an editorial on school dental clinics the vital necessity of such a systematic dental service is again made apparent by Dr. Ahmed. In India, says the author, so far as we are aware, Bombay is the only city which has attempted any dental relief of its school-going population. We believe that this lack of dental attention of the school children is mainly due to lack of knowledge on the part of our public men.

The financial outlay involved in starting school dental clinics is not insuperable for many Indian towns. But the city fathers are not yet convinced that it is such a necessary measure. Many of them are still under the delusion that Indian children have very good teeth and need no dental attention. How erroneous is such a view, can be found out when we see the few statistics that are available. In the last medical inquiry conducted by the Calcutta University Students' Welfare Association it transpired that fully 70 to 80 per cent of the students were suffering silently from dental maladies.

The Indian Dental Journal, No. 4, 1929.

Dental Work in American Prisons

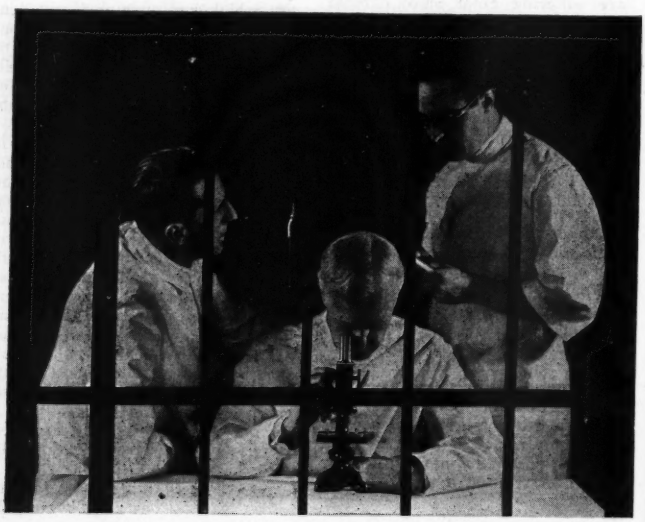
Dr. Frank L. Rector, Executive Secretary of the Chicago Medical Society, Reports upon a Recent Investigation.

By C. S. Thompson

SOME interesting facts and figures on the subject of dental work in American prisons have been collected for publication in a recent study made by Dr. Frank L. Rector, executive secretary of the Chicago Medical Society, as a part of a Handbook of American Prisons, which is the official report of The National Society of Penal Information.

Although the study covered a total of 120 federal and state penitentiaries and reformatories, including institutions for both men and women. This reached a total prison population of 124,783, approximately 100,000 of whom are annually returned to society.

According to the results found by Dr. Rector, the number of inmates suffering from



dental defects varies from 60 to 90 per cent of the total population.

The depressing and deleterious influences of dental and oral disease upon the general health of the individual are so well recognized by the medical and dental professions that there is no question as to the necessity for dental examination and treatment. Especially is this true of a prison population, where living conditions subject the inmates to mental depression.

There is no uniformity, as might be expected, in prison dental work. With but two exceptions, all prisons had access to a dentist. This relationship varied from a full-time service on the part of the dentist to having someone available for an emergency. In three prisons the dentist was an inmate assigned to this work. Eleven prisons, and three reformatories employ a dentist on a half-time schedule.

The method for remunerating the dentist varies in different prisons. In some he is paid a state salary; in others, on a time basis; in others he submits a bill on a fee basis. The time paid for by the state may be for extractions, or fillings. Other services are paid for by the patient, the cost having first been passed upon by the prison physician or the warden.

In five prisons the dentist looks to the inmate for his fee, which must first be approved by the warden, a method considered the least desirable by prison authorities.

In a few prisons the dental work is done by dentists in a rotating fashion, several dentists in each community thus participating in the work. Money for service is frequently supplied by relatives or friends of the prisoner.

Attention is called in the survey to a situation where inmates in three prisons learned dental work after confinement, and were given the dental work without any professional supervision. On this subject, the author says:

"In these cases it was reported that a very satisfactory service was being rendered. However, it should be borne in mind that such practices are fraught with the gravest dangers and would not be tolerated in any community. The state, by permitting such practices, is not only breaking its own laws, but is setting a most distressing example to law breakers in its custody. It further condones such practices by supplying the needed equipment and materials for the work done, making a charge to the inmates for the cost of the materials used. It would seem that the moral effect of such practices would greatly outweigh such benefits as might accrue to the individual inmates. The quality of work that a self-trained operator could perform, except in rare instances, must be below that of a poorly trained dentist, and when the more serious aspect of illegality and moral effect are concerned, it is believed that such practices should

receive the strongest condemnation possible."

In sixty-nine of the prisons the inmates were given a dental examination upon their admission. Twenty-six other institutions provided for examinations only after complaint had been made. The fallacy of this method is shown by the fact that lack of dental treatment is often the cause of serious mental troubles, to say nothing of the general health of the inmate.

In two states no free dental work is offered, while in six prisons and five reformatories and five federal prisons there is no charge for dental work. Other institutions provide free service when there are no funds.

Dental equipment varied from a small assortment of instruments and a home-made chair to complete equipment with laboratory facilities for all types of dental work. Practically all penal institutions suffer from an inadequate appropriation to enable them to maintain modern dental facilities. X-ray equipment was found in thirty-two prisons, but not always available for dental examination.

Among the conclusions reported in the study are the following:

"Assuming that the state is concerned with the rehabilitation of the inmate, it would seem imperative that a dental program of sufficient scope should be provided to care for the examination and treatment of all inmates."

Extended research work has been done in San Quentin, California, under funds granted by the Carnegie Founation, and with the aid of the University of California. This was a five-year study of pyorrhea.

The utilization of prison work by dental colleges is referred to as an example of educational study. Such a plan is in operation already at Western Penitentiary, Pittsburgh, Pennsylvania, where a small group of seniors are assigned to the dental work in the prison.

"Oral Hygiene" to be Published in Spanish

Early in 1930 ORAL HYGIENE will begin publication of a monthly edition printed in the Spanish language.

The new magazine will circulate throughout Latin-America.

Conservation of the Natural Teeth

By C. Edmund Kells, D.D.S.

REAL CONSERVATION

IT seems to me that the relation of the two following cases may give a line on just what results may be expected from the character of treatment that I have followed during all these years, and which I am advocating so strenuously upon these pages.

In 1882 a young girl came to me whose incisors were in excellent shape, but whose molars and bicuspids and upper cuspids were anything but satisfactory.

Up to this time she had been a patient of one of our old time leading dentists, and he had filed some of these teeth in the execrable manner that was still in vogue with some men even at that time.

Perfectly flat fillings were jammed up against each other in some of the molars and bicuspids. The distal surfaces of the upper cuspids had been filed and filled.

The crowns of her two lower first molars were gone and the roots were still in position, even with the gum. The outlook was not very favorable for a young girl, do you think?

The right upper first and second bicuspids are the *subjects* of this "discourse." As just stated, the young girl in question came to me in 1882, and I found the first bicuspid so frail that I filled both distal and mesial cavities with agate cement. It was a "shell." Here follows a history of these teeth taken from my records:

CASE NO. 1 RIGHT UPPER BICUSPIDS

First bicuspids, mesial surface—
1882, agate cement.
1884, agate cement renewed.
1886, agate cement renewed.
October 1886, occlusal third of the buccal wall broke away. An M.O.D. gold foil filling was inserted, upon which two good long hours were spent.
1908, part of lingual wall broke away; *amalgam* was patched on.
1923, patched with agate.
1923, removed cement patched with amalgam.

Distal surface—
1882 agate cement.
1883, gingival portion of cavity filled with amalgam, balance of cavity with agate.
1884, agate cement renewed.
1886, agate cement renewed.
1886, buccal wall broken away, M.O.D. gold foil filling.
1918, decay at cervical margin, patched with amalgam.
1923, decay at cervical margin, patched with amalgam.
1926, removed amalgam. Refilled with amalgam.
1927, all fillings were bitten out. Pulp still vital. While there is hardly any "retention" and a jacket crown was not possible, a porcelain inlay was inserted.

Second bicuspid, occlusal surface—
1882, small gold filling (there today, 1927).

Mesial surface—
1882, gold foil filling (there today, 1927).
1927, patched with silicate on labial and amalgam on lingual.

Distal surface—
1882, gold foil filling (there today, 1927).
1893, decay at gingival wall, patched with amalgam without disturbing the gold filling.

November 1927, these two bicuspids were in *good condition.*

CASE NO. 2

A young girl was brought to me in August 1880, and here is the record of her right upper bicuspids.

First bicuspid, occlusal surface—
1880, small gold foil filling (there today, 1927).

Distal surface—
1883, superficial caries removed. This work could not have been such a howling success, because four years later, in 1887, a gold filling was inserted which *almost* encroached upon the occlusal surface.
1918, patched with silicate.

Mesial surface—
1914, silicate filling.

Second bicuspids, mesial surface—
1883, small gold filling. This was a rotten filling, because in 1887, decay at margin of filling. Cut out and patched with gold foil without disturbing original filling.

Distal surface—
1885, small amalgam filling.
1897, the above filling, having failed, was removed and replaced with amalgam, still a small filling.
1918, decay at gingival line, cut out and amalgam added to old filling.

Occlusal surface—
1887, gold foil filling (there today, 1927).

Note—In November 1927, forty-five and forty-seven years, respectively, after I *started* on these four bicuspids, they are all there and *with vital pulps,* and all four of them are in very good condition.

I'd like to give you the histories of their other teeth, but that would be going too strong. The first patient has fourteen teeth in one solid row, and fourteen in another (because the lower molars drifted forward in the most amazing fashion and filled the space and are vertical), and not a pulpless tooth among the lot. The second one has twelve teeth below all in a row, and fourteen above likewise standing side by side. Hundreds and hundreds of just such teeth have been carried through for twenty-five, thirty years, or more by just such conservative methods.

And please bear in mind that these are bicuspids, and bicuspids are among the teeth that carry a heavy percentage of "fatalities," do they not?

Note the first bicuspid, please. So frail in 1882 that it was carried for four years with agate, and today, forty-five years later, it still has a live pulp!

SOMETHING ELSE AGAIN

In 1884 three little girls were brought to me. The two younger ones were twins, and in 1886 an older sister was added to my list. They have been patients ever since — for forty-four years has it been my pleasure to serve them.

What of today? Well you shouldn't have asked me, because I can't give you such a nice story of the "Conservation of *Their* Natural Teeth" as I gave you upon the preceding pages.

Now while all of these girls grew up under the same influences and surroundings and dietary conditions, they did not all grow up alike.

One developed into a large and handsome woman and was strong. Today her teeth are in a very satisfactory condition—very indeed.

The next never was robust or strong, and today her teeth are not in what I'd call a satisfactory condition, though she has no bridges or partial dentures, *or need of them.*

Now for the twins. They have been inseparable during all these years. How hard I did try to "conserve" their teeth, but I failed—failed ignominiously.

The one has lost the four lower incisors—pyorrhea; pyorrhea, which I never could cure for anybody—and she has lost some molars as well. Awful, is it not?

The sister, it is humiliating

to record it, wears a full upper denture (inserted some three years ago). There you have it, a disgraceful picture but a true one.

These girls were good patients, just as good as could be. They came regularly, gave their teeth the home treatment that I advised, and surely I did my best to put durable fillings in their teeth, but I failed, or when my fillings did not fail, pyorrhea did the rest.

For forty years, we held our own, these girls and I, or if *we* did not hold our "own," at least the girls held their own teeth, and then at the end of forty years—the forceps! What tragedy? It is such cases that certainly are discouraging.

ANOTHER LOOK

I would ask all those who are interested in the *conservation of the natural teeth* to compare carefully the illustrations of the "White" method of filling and those of all text-books.

No book *of which I know* shows such small fillings. No book of which I know teaches any method of filling such small cavities. No book of which I know illustrates any pluggers, either gold or amalgam, with which such small cavities could be filled.

Come now, all of us of any experience know that of all the large fillings and inlays that are inserted, very few do last any length of time, and as I have repeatedly said, once these large restorations fail, there's no tooth left to build on—they are wrecks.

Therefore, doesn't it seem reasonable to accept the inevitable, insert small fillings, renew when necessary and save the teeth, pulps, and all for years? That certainly does appeal to me.

Another chapter from the late Dr. Kells' unpublished book will appear in an early issue.

Tooth Protectors for Boxers

By Clarence Mayer, D.D.S.

AS I would like to have other dentists learn something of a new departure in the making of mouthpieces for protection of boxers' teeth and lips, I am going to describe the need for painstaking procedure in this work which only a dentist can do.

In 1926 I was appointed Boxing Inspector by the New York State Athletic Commission. I am a fight fan and through the good judgment of the Commissioners who wished to put boxing on a higher standard in New York State, very fine men were appointed —as any pugilist who has traveled the country over will tell you the New York State Commission have a very high type of men serving under them, so I feel no humiliation in saying I am proud to be connected with this branch of the New York State service.

In witnessing many bouts, I noticed fighters using cotton, rubber pads and even doubled tape in the mouth under the lips and these were very crude. They were at last prohibited, but later on the New York State Athletic Commission allowed boxers to use mouthpieces only, made of rubber and well fitting over the teeth—approved by the physician at the time the boxers were weighed in.

In order to have these mouthpieces made, many went to dentists or mechanical laboratories and some were too large and bulky and some did not fit over the teeth properly, so I used my good judgment and made many, for which I will describe the technique.

The patient or boxer should present himself to the dentist. First, clean his teeth with a brush wheel and then take a compound impression. Pour this impression and get the model. If bite is required even take wax bite, for if the mouth is small it will help in waxing up, and not to have too thick in the the anterior part of mouthpiece. After we have model and bite on articulator, take very thin tin foil and burnish over the teeth, which I generally scrape and festoon before burnishing the tin foil. Then take sheet wax and wax over tin foil; have it uniform all over even to the molar region, then

chill in cold water and remove from model. Try this in patient's mouth and note elevation of lip and cheek. If too thick, trim, then scrape model around palatal region and replace on model. I paint model with liquid silex. Use a good flexible rubber and invest over tin foil; after packing vulcanize for two hours. This makes the rubber just hard enough and yet very pliable for this kind of service and not too resistant. After vulcanizing place in aqua regia and dissolve all the tin; then put in bicarbonate of soda solution and then dry. I generally soak in talcum powder; it feels better and smoother — now it is all complete to be worn over the fighter's teeth.

Good judgment must be used in making these not to bulge the lips and cheek and to allow enough air while the boxer is wearing them. Many commercial concerns make a piece of rubber having no fit and do not even have the indentation of the teeth and these should not be worn. It distracts the serious attention of the fighter; a blow struck on the side of face may dislodge a loose or faulty mouthpiece, cotton roll, etc., which lodge in throat and choke or weaken the fighter's aggressiveness and it may be too bulky and cause the lips to bulge. This is very bad and a punch delivered on this point may cause a split lip and deep wound, so the dentist should make a trial one; first study the face, lips and contour. Well made, such a protector will save teeth and even a broken jaw.

What I intended to convey above about making a trial mouthpiece is only for practice by the dentist—not for use by the boxer; but make one for your own mouth first and see what fit you get and then you can feel the thickness and discomfort of one not fitting properly.

This is a dentist's proposition and we should know how to make them when a patient requires one. It saves the teeth and many times prevents a cut lip and fracturing of jaw as well as teeth.

Answers to Questions on Page 275

1. System means "a collection of rules or principles" and any dentist who follows these logical hints cannot fail to choose his location wisely. There are 120,000,000 inhabitants in the U. S. and 60,000 dentists. This gives each dentist a possible 2,000 population. For instance a town of 5,000 with a good rural country district will profitably support three progressive dentists. A town of diversified interests offers greater opportunities and more stability than a one-industry community.

High social and intellectual standards must be considered for a town or section of a city lacking in these essentials fosters a class of people who are indifferent to mouth hygiene and corrective dentistry.

Avoid extremes. A high-brow community breeds discontent through peeved, pampered patients, whereas a low-brow town has no interest in dentistry other than for stopping a toothache. A *balanced* community consists of approximately 70 per cent industrial workers, 25 per cent business men and farmers and 5 per cent "retired wealthy."

Conditions are always subservient to vision and energy.

2. Lack of native or inherent business acumen. Wrong impression of commercial principles as applied to the practice of dentistry; no training in dental economics; and inability to "sell" his services for their real value; lack of correct methods of determining overhead.

These conditions may be overcome by a prescribed economic course, by reading and applying the inspirational writings published in dental journals and by soliciting the counsel of a reputable retail dental salesman.

3. Business acumen means business insight and foresight, buying and selling logically and sensibly, but most of all it means quickness of thought in finding profitable work for spare time. The mortal enemy of business acumen is misunderstood ethics and after all ethics is just as much a part of a well regulated *business* as it is of an ideal *dental practice*. It differs only in detail.

4. Authorities differ but a recent investigation shows the volume of practice done in the average dental office to be approximately $6,500 per year.

During this investigation over 2,000 offices were visited and the locations included city districts, downtown and suburban, small town and rural. The

investigation also showed that many dentists, due to the unusual interest in dental economics at this time, were beginning to practice dentistry with their *heads* and hands instead of being satisfied to work out a mechanical existence.

5. The dental profession, generally speaking, have gained the reputation of being easy buyers and have become the object of attack by countless phoney "investment" companies and get-rich-quick concerns. So readily do many dentists bite at these hundred and one chances to make quick, easy money that the sharp-dealing gentlemen who comprise the wild-cat promoting companies have their mailing and calling lists made up of dentists.

Such lists are called by the promoters "sucker lists," and it is appalling to know how many leading professional men of national reputation are on such lists.

Such practices impoverish dentists and thus affects the entire profession by taking time, thought and money out of dentistry that could well be utilized in developing thousands of individual practices.

6. Too many dentists become enthused with the visionary results of a short-time economic course and get the impression that such a course will be a cure for all of their business shortcomings.

Economic teachers never meant to convey such an impression and this pitfall of misconception tends further to discourage those who do not have a clear understanding of economic principles.

Applied economics is a matter of development or evolution—a system of training must be followed by *application* to insure increased results. Changed *habits* are necessary to such development and any dentist who sincerely hopes for this development should chart his procedures or daily routine for constant observation.

7. The volume of practice that any dentist with average skill and personality may build has only reasonable limitations. The hoped-for volume lies within his own power but first he must learn business methods, how to get patients, how to sell his services, a system of accounting, how to departmentalize and then avoid the many worthless and useless diversions from the all-important undertaking. Under such a system a real dental practice may be built.

8. Ethical publicity is necessary to success. It is the simple process of imposing one's personality on the public in the community where you practice. Following are a few simple hints. Enhance personality by careful check upon reputation and habits, learn to write for publication and to speak on subjects of dental health; embrace every opportunity to further the gospel of dentistry. Strict adherence to social, religious and civic duties is essential. Many ideas on this subject may be picked up from your retail sales-

men. They are usually well versed in advanced dental ideas but no one can change *your* habits but *yourself*.

9. The dentist who fails to consider the value of "selling laws" in the development of his practice cannot hope for very marked success and they are exactly the same laws that govern commercial selling. The first basic appeal referred to is assuring the patient who believes in your skill that you are matching that skill with scientifically made supplies of reputable manufacturers only. This appeal builds confidence and constitutes an excellent brand of publicity. Any dentist can fool himself by price-buying but a patient's confidence is not built by "saving" dimes, nickels and pennies.

10. A question with a wide range of answers and opinions which can conservatively be estimated at 40 per cent. The chief contributing cause is lack of business training. Nobody tells "how to build a practice" and the job looks impossible from the narrow circle in which many dentists spend their lives. Again, too much spare time and the lack of a constructive daily program develops a mentality devoid of initiative. Any dentist can find success and happiness by daily following a proper program.—S.F.T.

Physicians Examine Pupils Free—Dentists Are Paid

The Sedgwick County Medical Society, Wichita, appointed a committee to work out a plan for the phyical examination of pupils in the Wichita schools, some 3,000 of whom have been examined annually without charge so that those physically fit might enroll in the gymnasium classes. When the work was about half completed this year the physicians stopped making examinations until a plan satisfactory to both the society and the city should be arranged. It was pointed out that while the physicians had been doing this work without charge, the dentists of the community were being paid for their services to school children. Members of the medical society agreed to finish making the examinations this year in the hope that the committee and the board of education would reach a more equitable settlement of the matter for next year.—*Journal of the A.M.A.*

[*Editor's Note*—Everyone else gets paid for public school service. It is only right that physicians and dentists should receive proportionate compensation for their time, effort and knowledge.]

Tempus Fugit

From the second February issue of ORAL HYGIENE, published 18 years ago, in 1912.

THE ORAL HYGIENE PROBLEM

The oral hygiene problem is an economic and sociologic one.

Some years ago, when the campaign against tuberculosis was in its infancy, some congressman of great faith but meager discretion, introduced a bill in Congress which, if passed, would have appropriated $10,000 of the people's money for the purpose of investigating the causes of tuberculosis and the best means for its prevention. The bill was promptly referred to the committee on acoustics, or gilding the capitol dome, or something like that, and henceforth was known of man no more. At that same session a bill was introduced and passed, appropriating $25,000 for the purpose of investigating the causes and prevention of hog cholera, which led Dr. J. N. Hurty, secretary of the Indiana State Board of Health, to publicly enlarge upon the advantages of being a hog instead of a man, in these United States.—GEORGE EDWIN HUNT, M.D., D.D.S., *first Editor of* ORAL HYGIENE.

DENTAL INSPECTION AT VALPARAISO, INDIANA

The board of education at Valparaiso, Ind., appointed a medical inspector, under the new law, and placed the medical inspection of the school children under the charge of that officer. Two assistant inspectors were also appointed.

At the opening of schools an inspector was at each school, and every child entering was examined for infectious and contagious diseases. The inspector continued his morning visits for two weeks, inspecting all newcomers, and all children referred to him by the teachers. This precaution was deemed necessary, because scarlet fever had apparently increased in the city with the opening of the school years of 1908, 1909 and 1910. The epidemic had been terminated during the summer, and we were very anxious that it should not appear again with the opening of school. No scarlet fever developed at the time of opening, nor has any developed since.—OTIS B. NESBIT, M.D., *Medical Inspector Public Schols.*

GOOD FOR BUDGE.

A correspondent in Leadville, Colo., writes us as follows: "My sister in Washington, D. C., received the Laity number of ORAL HYGIENE and she writes me the following: 'We received the copy of ORAL HYGIENE you sent and I have read every article in it. I read Dr. Hunt's "Talk with the Children" to Budge [her baby] and the other night after I had put him to bed and tucked him in he said, "Oh, Muddie! My teeth were not cleaned!" I was not feeling well, so I said: "Never mind tonight, dear; mother is not feeling well and we will let them go until morning." He began to sob and cry and finally cried so hard I had to take him from his crib and clean his teeth. He said he was not happy because I would not clean his teeth and added: "You know what the story in the book said: the little hole will get bigger and bigger until the tooth will ache." How is that for a four-year-old?' "—GEORGE EDWIN HUNT, M.D., D.D.S., *first Editor of* ORAL HYGIENE.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Iodine is Contraindicated

Q.—I will thank you to inform me as to how much tincture of iodine should be used when desired to the pint of novocain solution to be used as an anesthetic in extracting teeth? Does the iodine have any deteriorating affect on the novocain, and does it have any ill effects on the mucous membrane and the constitutional system of the patient? Do you recommend the use of iodine in novocain anesthetic solutions?—S.L.J.

A.—Any solution injected into the tissues of the mouth should be isotonic, i. e., it should have the same constituents as the blood; that is the reason that novocain is always prepared in a Ringer solution, the Ringer solution being the isotonic vehicle for the novocain. In the early days of conduction anethesia some dentists in ignorance tried to use cocaine in place of novocain. The cocaine solution was not isotonic and therefore they had very serious results, extreme swelling and even sloughing where the injection was made. Iodine is very irritating, even when used topically, therefore it would be absolutely contraindicated in any solution which to to be injected into the tissues.—G. R. Warner.

Specializing

Q.—I have been thinking of specializing in x-ray work and diagnosis but have had several arguments as to whether a dentist can specialize in this kind of work with his limited knowledge of anatomy.

Please set me right as to whether it is possible for a dentist to specialize in this work and as to whether his testimony in case of a law suit would be accepted if he was to specialize and was called as a witness on a case in court.

Also please inform me as to where I could take a special course in x-ray and diagnosis.—L.W.H.

A.—There is no reason why a dentist should not specialize in oral diagnosis and x-ray. His knowledge of regional anatomy of the head should not be limited and I am sure his testimony would be accepted in a court of law in his special field. To specialize in this field one should have not only a special knowledge of anatomy but also of pathology and should have had a

wide experience in general practice. Post-graduate courses are given in this work in many of the dental schools. Columbia University Dental School gives such a course, Northwestern University Dental School gives such a course and I presume one is given in Philadelphia.—G. R. Warner.

Cleaning Extracted Teeth

Q.—Will you please tell me what is the best way to clean up old extracted teeth, when they are to be used for models in carving or study?

I want to take this opportunity of telling you how much benefit I get from the questions and answers in "Ask ORAL HYGIENE."—D.C.E.

A.—In reply to your favor at hand possibly some of our readers can tell us a better way to clean up old extracted teeth, but the method we use is to soak the teeth for a few minutes in very dilute nitric acid; neutralize them in soda, and then soak them in glycerine.—V. C. Smedley.

Solarizing Rubber

Q.—I get a great deal of good from your department in ORAL HYGIENE. I would like to know the best way to solarize pink denture base rubbers. Do you consider this as good as the other colors of rubber?—J.R.G.

A.—My opinion is that pink denture base rubber is about the poorest of the pinks. We used a lot of it when it first came out. It would not hold its color in the mouth whether solarized or not, and in a number of cases where we used it for the entire base, I thought it caused congestion and inflammation of the palatal tissue. It also proved much more liable to fracture than other base rubbers.

Exposing to sunlight while immersed in alcohol is supposed to be the best method of solarization. I believe, though, it is preferable to select a pink veneer rubber that finishes to about the color you prefer without solarization.—V. C. Smedley.

Baby's Lower Teeth Knocked Out

In regard to the question asked by B.G.G. in the November 1928* issue of ORAL HYGIENE about the baby whose teeth were knocked out, I might say that I attended this case.

The two lower centrals were the teeth that were knocked out. There was no earthly chance of saving those teeth and I told the parents that as soon as the laterals were in place the space could be preserved by placing a gold band on each lateral with a bar of gold wire across the space of the missing centrals.

To explain matters more clearly, the two lower centrals were pulled clear out of their sockets, and were held by a few fibers of periodental membrane and the least touch with the fingers displaced them. I thought that for the child's comfort and health, it was much better to take them out than to leave them in their position, for they lay flat with the incisal edges toward the tongue and the apices towards the lip. This position was interfering very much with the nursing as the child was a bottle-fed baby.—J.H.W.

A.—In this particular case, you undoubtedly did the only thing that there was to do. If, however, the laterals had been in place to wire or ligature to, and if the centrals had been straightened up and stabilized immediately, I believe it quite possible that they might have grown fast and retained their vitality in spite of the fact that they were so badly displaced.—V. C. Smedley.

*"Ask ORAL HYGIENE," page 2124.

A. D. A. to study DENTAL INCOMES

THE active work on a national survey of dental income began in December in Chicago. This study aims through a discovery of the significant facts of the situation to throw light on some of the major problems facing the dental profession today.

For the first time in the history of dentistry in this country, the profession is really seriously attempting on a large scale to find out the facts about its economic problems and their relation to larger community situations. The American Dental Association is directing this study and has appropriated the funds for carrying it through. The survey is to be made by means of a very interesting and significant questionnaire, which is to be mailed to every fourth dentist in the greater part of the United States. Some of the important questions on this questionnaire relate, for example, to the charges for specific services, the number of patients treated, the income groups to which the patients belong, the gross and net income of the dentist, his methods of collecting fees, and his policy with regard to charging fees according to the economic status of the patient. In short, the survey is attempting to discover whether the dentist is receiving an adequate return in view of the hours worked, what proportions of the population are receiving dental care, and the structure and functioning of dentistry with relation to the social whole.

The exact form of the questionnaire to be sent out was very carefully considered at two meetings held in Chicago on December 13th and 14th by Dr. Herbert E. Phillips and Dr. C. E. Rudolph of the committee of the American Dental Association for conducting this study, Dr. N. Sinai of the Committee on the Cost of Medical Care and twelve advising Chicago dentists. After its approval by the other members of the committee of the American Dental Association, this questionnaire will be mailed to

Oral Hygiene Urges Prompt Co-operation with the A. D. A. Committee

The facts sought will prove of immense value to every member of the profession. Prompt, whole-hearted co-operation is vital to the success of the undertaking.

ORAL HYGIENE itself has already offered the gratis services of its addressing department.

This magazine has been engaged for some time in studying various dental problems through questioning large groups of dentists by mail and its findings will be made available, when ready, for the committee's use.

every fourth dentist in the greater part of the United States.

The American Dental Association is fortunate in having the assistance of the staff of the Committee on the Cost of Medical Care in conducting this study. Dr. Sinai, of Ann Arbor, has been particularly active in assisting in the program laid down by the dental committee. The results of the study are to become the property of the American Dental Association but are to be available for reference by the Committee on the Cost of Medical Care. A small clerical staff is beginning work in quarters provided by the association and the careful assembly of data from the states of Illinois, New York, Indiana, Minnesota, California and Pennsylvania will begin at once. When this is completed the work will be extended to the remaining states.

The national dental committee appointed by the American Dental Association to conduct this survey is composed of Dr. Herbert Phillips, Chicago, chairman; Dr. C. E. Rudolph, Minneapolis; Dr. R. E. Denny, Philadelphia; Dr. H. J. Leonard, New York City, and Dr. Guy S. Millberry, San Francisco.

The American Medical Association is likewise studying the economic facts of the medical profession and is collecting similar data with reference to income and fees charged. These projects are all to form a part of the much larger survey now being conducted by the Committee on the Cost of Medical Care. This committee was organized about two years ago and is under the able leadership of secretary of interior, Dr. R. L. Wilbur, chairman, and Dr. Harry H. Moore of Washington, D. C., director. This study is attempting among other

things to ascertain such facts as the cost of illness to the average family, the fees of the medical and dental practitioner, the cost of medicines, drugs and appliances, and the incidence of disease and disability and the facilities available for dealing with them.

At the first meeting of the committee in Chicago, the seriousness of the undertaking and its tremendous significance to the profession and to the American public was pointed out. The movement that the American Dental Association was beginning was considered one of the most urgently needed and most discussed in the history of the profession. It was anticipated that the results would be of immense benefit to the public, the dental practitioner and the professional organization. Its need and merit were thought to be so obvious that one hundred per cent cooperation could be expected from those asked to help.

The spirit of the whole undertaking is that of fact-finding. The study attempts to be scientific and has no other interest than the discovery of the truth. The schedules are to be kept strictly anonymous and there will be no possible way of discovering the source of the individual data contributed. THE SCHEDULES ARE NOT TO BE SIGNED, AND THE IDENTITY OF THOSE WHO FILL THEM OUT WILL NEVER BE KNOWN. The contribution that each dentist will be making to the future welfare of his profession by giving adequate time from his busy practice to filling out the schedule accurately and conscientiously cannot be overemphasized.

The Ancient Toothache

Ordinarily we think of the dentist as one of those mingled blessings and curses which are a peculiar product of modern civilization. Knowing that the cave men of old lacked dentists, we assume that they also lacked the need for them. The teeth of savages, surely, must have been sound.

An expedition from Beloit College has just unearthed the site of a prehistoric village in North Africa, where the ancestors of modern Europeans lived some fifteen thousand years ago. Skeletons were found, to be studied by anthropologists. And—interesting enough—the report from the expedition states that "most of the skeletons showed abscessed teeth."

The toothache, apparently, has been with man from the very beginning.—*Pittsburgh Press.*

[It has even been suggested that the reason Adam and Eve left the Garden of Eden was because they were looking for a dentist. —*Editor O. H.*]

The CHICAGO


DR. HUGO FISHER
PRESIDENT
CHICAGO DENTAL
SOCIETY
-Lew Merrell

Mid-Winter Clinic

By T. N. Christian, D. D. S.

ASSISTANT PUBLISHER, ORAL HYGIENE

Illustrated by Lew Merrell

EACH time we go to Chicago to attend the annual session of the Chicago Dental Society we note two things with a great deal of satisfaction: first, the meetings seem to be bigger and better each year; second, we hear less and less about Big Bill Thompson.

Those who attend dental meetings in various parts of the country marvel at the smoothness and efficiency with which this one is carried off. Many conditions favor its success but, above all, it must be emphasized that the Chicago Dental Society has *organization*. The "I Will" motto of Chicago probably originated with its dental society.

No finer place for a dental meeting could be found than the Stevens Hotel, a city within itself. The entire meeting was held on three floors, all scientific lectures and exhibits being on the second and third floors and the commercial exhibits occupying the exhibition hall below the lobby.

Some of the most interesting phases of the meeting were the activities surrounding the general sessions and scientific demonstrations. The public was kept well informed of the progress of this meeting and dentistry in general through a fine program of radio broadcasts from Chicago stations and through intensive publicity in the newspapers. Eight talks were made over the radio and

considerable space in the daily newspapers was devoted to the meeting through the direction of Dr. Dan U. Cameron and his diligent press staff.

COMPETITION

The height of something or other was expressed in the fact that a confectioners' convention took place at the same time and under the same roof but as we supposed that it had something or other to do with "sweet teeth" we disregarded the apparent inconsistency.

SCIENTIFIC EXHIBITS

The scientific exhibits are receiving more attention at conventions each year, and rightly so. In some ways an exhibit showing various techniques and the results of both proper and improper procedure is to be preferred to a lecture or clinical demonstration as it affords those interested an opportunity to study the details in a more leisurely and contemplative mood than is possible in a crowded lecture hall or at a table clinic.

A great deal of credit should go to Dr. E. J. Krejci and his committee for the selection and management of the various scientific exhibits. The exhibit of the Bureau of Standards was one of the most interesting and well-attended, due no doubt to the co-operative efforts of the American Dental Association along these lines. The various methods of testing dental materials were explained and many misapprehensions disposed of.

The War Department exhibit from the Walter Reed Hospital and that of the Navy Department drew a large number of dentists as the exhibits of reconstructive surgery and prosthetics were intensely practical and enlightening. It would be interesting to know the number of young dentists who asked Commander Lacy of the Great Lakes Training Station — who was in charge of the Navy Exhibit — what the requirements are for admission to the Navy.

A clinic presented by an individual, Dr. Wilton W. Cogswell of Colorado Springs, was well received and showed that all research and investigation is not being done by institutions but that men in practice are giving of their time and effort to scientific development.

GENERAL CLINICS

The table clinics given by the members of the Chicago Dental Society always come in for a huge share of the interest at

this meeting. Under the generalship of Dr. G. E. Cartwright, approximately 200 clinicians displayed their wares in the Grand Ball Room on the morning of the first day.

Although prevention is the watchword of the day it was nevertheless a noteworthy sidelight on the trend of dental interest to observe that at least 25 per cent of the table clinics dealt with some form of dental prosthesis. An encouraging feature of these clinics is the large proportion of the younger element in the profession taking part in the demonstrations.

SCIENTIFIC SECTIONS

In the operative section for the first afternoon three able discussors, Dr. James M. Prime, Dr. F. S. Meyer and Dr. John T. Hanks absorbed a great deal of the interest.

Dr. Prime's paper, "Management of Certain Cavities with Regard to Permanent Restoration and Esthetic Effect," was particularly good. Prime believes that operative methods can be more than corrective and can assume the role of prevention when proper care is taken to preserve and maintain both health and esthetics.

Dr. Russell W. Tench showed that denture construction embraces more than a topical examination of the tissues of the mouth and gave a plan for denture construction embodying the making of pre-extraction records, x-rays, models, etc. He also pointed out that prosthetic work should not only entail the adjustment of the dentures to the patient—but the patient to the dentures.

Miss Anne Raymond of New York City was one of the most interesting speakers of the first afternoon and told how the dentist can become the center around which all professional activity moves.

Dr. Sterling V. Mead of Washington gave an illustrated lecture on diagnostic procedure in his usual good style and stressed the importance of co-

operation between the dentist and the physician.

The General Session on the first evening was one of the important events of the meeting. In addition to hearing Arnold H. Kegel, Chicago Commissioner of Health, we heard Dr. S. B. Wolbach tell about the dietetic research at Harvard. Dr. Wolbach has studied with Dr. Percy Howe for many years and is at present Professor of Pathology at Harvard University. There evidently must be a great deal of charm in research work of this type as the workers are able to effect almost magical changes in the subjects with which they experiment.

There is a fellow out in Chicago who although he is not a dentist, is looked upon as an important part of the Chicago Dental Society and the Mid-Winter Clinic. This is Thomas G. McMahon who was chairman of the committee for the Midnight Entertainment, a regular feature of the January program. Tom and his committee put on an all-star program that could not be excelled at the Palace.

The illness of Dr. Ralph R. Byrnes of Atlanta, Georgia, prevented him from attending and reading an excellent paper he had written on cavity preparation.

ROSENWALD CLINICS PROPOSED

The section on dental economics Monday afternoon drew unusual interest and especially the paper of Dr. Michael M. Davis, Director of Medical Services for the Julius Rosenwald Fund. The plan as outlined by Dr. Davis is to help solve the problem of dental costs to the patient and to increase popular demand for dental service.

Dr. Davis suggested the establishment of at least four experimental clinics and stated that the Rosenwald Fund is ready to co-operate with either

the Chicago Dental Society or the American Dental Association in planning and in helping to finance them.

While these clinics would not serve as a panacea for all dental economic problems, Dr. Davis said that they would be under the supervision of the profession in order that the results of such a broad dental program could ultimately be determined.

Dr. Hugo G. Fisher, President of the Chicago Dental Society, thanked Dr. Davis in behalf of the society and announced that a study of the situation would be undertaken by the Society's committee on economics.

LONDON EASTMAN CLINIC REPRESENTED

Dr. L. E. Claremont, director of the Eastman Dental Clinic in London, was one of the distinguished visitors at the convention. Dr. Claremont has come to the United States to study the operation of American dispensaries and will spend about three months in this country before returning to London. He will visit the Mayo Clinic at Rochester, Minnesota, and will then go to St. Louis and Houston, before returning to Rochester, New York, to study the Rochester Dental Dispensary, the model for his new clinic.

Dr. Claremont was enthusiastic about the program which the Eastman Dental Clinic will carry out and stated that its educational programs were of the character needed by Eng-

land. The clinic will serve five areas of the city and will be the first large institution of its kind in London.

He gave an interesting view of the dental hygienist in England. There has been considerable opposition to the licensing of hygienists because of experiences some years ago with quacks but in 1921 a law was passed against unlicensed persons practicing the profession and its enforcement has eliminated many undesirables. This difficulty has now been overcome by an amendment to the law and the University College Hospital offers a nine-month course and the Eastman Clinic will train students when it opens this year.

Dr. Claremont is a cultured gentleman, having an enviable professional and War record and will, without doubt, succeed in his endeavors.

HARMFUL PUBLICITY

One of the unfortunate phases of newspaper publicity is that facts are often distorted and unimportant statements magnified until they assume mammoth proportions.

For instance, the statement was made at the convention that there is less decay in the mouths of smokers than of any other class and immediately a Chicago paper came out with headlines to the effect that the dentists at this convention had endorsed cigarette smoking as a preventive of dental caries! Such half-truths are eagerly seized by an alibi-seeking public and tend to


COMMANDER E.W.LACY
DENTAL CORPS,
U.S.NAVY
GREAT LAKES, ILL.


DR. R.S. VINSANT
DEAN, UNIV. OF TENNESSEE
COLLEGE OF DENTISTRY
MEMPHIS, TENN.

harm the cause of true science.

The partial denture section on Tuesday morning drew some spirited interest and it is quite apparent that the next few years are apt to see some interesting developments in the realm of partial construction.

ORTHODONTIA EMPHASIZED

In the orthodontia discussions of Tuesday morning Leland R. Johnson presented the stereoroentgenogram, a five-dollar word descriptive of a special stereoscopic equipment which assists in locating unerupted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MANAGING DIRECTOR
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WASHINGTON, D.C.


DR. HOMER M. SHELDEN
KANSAS CITY, MO.

teeth prior to removal or preparation for orthodontic attachments. Our genial friend Dr. A. H. Ketcham of Denver was one of the discussors of this paper.

Hugh W. MacMillan of Cincinnati played a double part by reading a paper on the physiology of mastication before the section on orthodontia and one before the partial denture section in which he recommended the use of gold as a base for "temporary dentures."

Dr. Rupert E. Hall was there to defend his inverted cusp teeth and Dr. George Wood Clapp told how to harmonize artificial anterior teeth with facial characteristics.

ALL-AMERICAN CLINICS

The All-American Clinics brought the meeting to a grand finish on Wednesday afternoon. It would be difficult to enumerate or comment on the many clinics of practical value staged Wednesday but it was evident that a large part of the interest centered around the restorative phases of dentistry. Dentists presumably like to be shown *how* to do things at a dental convention and to read *why* in their journals and textbooks.

THE ATTENDANCE

An optimist is a dentist who believes the newspaper statements concerning the attendance at a dental convention.

A good rule to follow is to divide the newspaper attendance by two and carry six, thus arriving at a good Chicago estimate.

The newspapers rated the attendance as being more than 10,000 but official figures from the registration committee placed the actual number of Chicago Dental Society and American Dental Association members as slightly exceeding 4,000. Guests and exhibitors brought the total attendance up to approximately 7,100.

No paucity of numbers was felt, however, as all meetings and clinics had as large an attendance as could conveniently be handled.

COMMERCIAL EXHIBITS

As at all conventions, the commercial exhibits attracted a great deal of interest. Some of these exhibits were elaborate and novel, one dentifrice concern having set up complete manufacturing and packaging machinery with which they turned out the samples they distributed. Dental manufac-

turers often play a commendable role in instruction as was evidenced by the number of clinical demonstrations being conducted at various booths.

It was a great meeting and one that could only have taken place in Chicago. The geographical location has something to do with the attendance and interest in these Mid-Winter Clinics but the greatest factor is the teamwork of the members in putting it over.

Contents Page Changes

The following articles, listed on the contents page, were lifted at the last minute to provide room for the Chicago meeting story: "The Economic Side of Pedodontia," by J. K. Wampler, D.D.S.; "Dentistry in India's Native Army," by Capt. Geo. Cecil; "A Further Discussion," by W. I. Jones, D.D.S.

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

A Broad-Minded View

Your magazine came again to my office this morning. It has been coming for a long time—several years to be more exact, and I assure you that it is most welcome and that I have enjoyed reading it. I hope it will continue to come.

The September issue has a letter written by George H. Pace regarding reciprocity. This subject has been "cussed" and discussed ever since I started to practice seventeen years ago, and I can't see any results as yet.

A number of the men of our profession have wasted a lot of ink and time throwing mud and making faces at the state boards and haven't gained anything for themselves or anyone else.

Personally I haven't any quarrel with the state boards. Most of the state board men I have met are pretty good fellows and I am sure they are not to blame for being on the board but, as board members, they are duty bound to enforce the law as is.

If the majority of the profession do not like the law as it exists today, let's get going and DO something toward changing the law or else let us forget it.—J. W. CAFFYN, D.M.D.

From Prague

I had a pleasure of reading a several times, your "dental" and must commit always with a great pleasure. I had a desire to read more regulary, but I never had a good chance to get hold of it even when trying real hard.

Hence I come with a petition, madame, and am depending on your great kindness and do *"hope"* to get a future copies of this valueble dental news. You may be sure madame that it will be more than appreciated and will come in the hands who was once a dentist in the states and who is running an american practise in Europe.

Depending on your willingness
I am yours, respect
madame: ———
Prague, Czechoslovakia.

Free Dental Clinic in Palestine

I am organizing the first free dental clinic for children in Palestine. It will be non-sectarian, open to Arabs, Jews and Christians. Will you be kind enough to furnish me with educational material on oral hygiene to be disseminated in the rural communities and cities? I would also ask for any information you can give me on how to proceed with such a program. Would also beg you to mail, every month, ORAL HYGIENE to the Free Dental Clinic, Straus Health Centre, Jerusalem, Palestine. Could I get through your office a number of pictures appearing in December issue, on pages 2659 and 2660?—DR. HENRY I. WACHTEL, *New York City.*

He Has 11 Licenses*

For several years I have read articles in ORAL HYGIENE concerning exchange of license between one state and another. I do not agree with you and see no reason why anyone should fear a state board if they are really qualified to practice dentistry. If they are not, we sure are glad to have California refuse to admit them.

Judging from some of the questions asked your question department together with statements of treatments, etc., I am satisfied that a state board is a good thing for this particular state. As to state boards being crooked, I have yet to run up against one. I do not fear any board providing my credentials permit me to take a try at the exam and I am just an ordinary dentist doing fairly good work by comparison and no four-flushing.

In 1903 I had heard the Minnesota board was impossible. I took the exam and was asked no question that a second year college man should not have been able to answer, yet out of 32 only eight, as I remember, passed and of that eight only three, including myself, were trying for the first time.

After fifteen years out of college I wanted to come to California from Duluth, Minn. I was advised the board was so crooked and unreasonable no one could get by it without a pull. I came and took that board and was not asked an unfair or unreasonable question or asked to do unreasonable operating. I knew I had passed my subjects and that my work was fair but waited at home for my notice. It came in the form of a license to practice dentistry in California.

Six years later, I heard that the Washington state board was very difficult. I hiked up there to visit a friend and "took the board." To me it seemed like a first year student should have passed the theory. I happen to know I made a general average of over 99 per cent. Here I found gentlemen in place of the much advertised crooks and had notice of my success inside of three days.

Then I took the board in Oregon. Here as in the past I found the board courteous, friendly and fair. Believe me you will get an examination to find out if you are capable of practicing dentistry. No question was asked that a second year student should not be able to answer but it covered the ground without a chance for a catch question or misunderstanding and in clinics it was up to you to diagnose and proceed. I was notified within two weeks of my success before this board. I could not have had finer treatment or been less unhampered to show my ability and do it my way. But believe me I would not care to dress an antrum with camphophenique before this board as a demonstration of my ways of doing in my own office.

I am or was registered in eleven states, have never failed an examination on first trial, have never been unfairly treated and have a western state in mind to try as I hear so much bunk about its impossibility, although I have no intention of ever practicing there if I do pass the board. Some may ask why I take a board if I do not expect to move to the state if I pass.

The answer is very simple. I get a kick out of it and regain my confidence and more self respect by proving to myself that I am not a "has-been" if I pass theory after 27 years at the chair. — FRED C. LEE, D.D.S., *Glendale, Calif.*

[*Editor's Note*—If you will read ORAL HYGIENE carefully, I am quite sure that you will realize that you are in error in your implication that state boards are ever referred to in this magazine as "crooks." No such statement has ever appeared in this journal.]

*See p. 313.

W. Linford Smith
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Pennsylvania.

Orthodontics at University of California

DR. B. E. LISCHER of St. Louis has accepted the Professorship of Orthodontics at the Dental School of the University of California. For many years Dr. Lischer has been an earnest and successful orthodontist; his investigations and research have made him internationally famous. One of the very pleasing results of his long practice is the fact that he is sufficiently wealthy to retire and in his retirement is to devote his whole time to teaching and coordinating the immense amount of information that is now extant upon the subject of malocclusion and its treatment.

The University of California Dental School is particularly fortunate in securing the services of Dr. Lischer. Orthodontia has now reached a point where more time and better facilities must be devoted to preparing orthodontists for practice. Wonderful progress has been made by men who were only partially trained; with greatly improved training it is only reasonable to expect Orthodontia to go forward with leaps and bounds.

The combination of Dr. Lischer and a splendid University is good news for the future of this important specialty in dentistry.

Editorial Comment

A New Hobby

ONCE upon a time there was a boy who enjoyed taking castor oil; he even went to the various drug stores to get samples for his museum; I don't believe it, do you? Yet there is a more unbelievable stunt than that; you would never guess it. What do you think of collecting State Dental Board certificates as a hobby?*

I am completely stumped by the idea; I would as soon collect coffins. A woman did come to my office who had had thirty-seven surgical operations and wanted me to do the thirty-eighth but I am rather sensitive about being thought of so late in the game and besides I couldn't find any new place to operate, so I declined.

Most of us would rather have an operation than take a State Board. Up to now you can only get about forty-eight certificates unless you wish to cross the borders of the U.S.A. and expose yourself to enticement of foreign wickedness, that has not as yet been corrected by Mr. Volstead. The burning question is: do the State Boards wish to waste time giving needless examinations to dentists who have no intention of using the certificates if they do pass, or would the Boards prefer to examine only those who have a real need for the privilege of practice in the various states?

I am inclined to think that if I were again on a State Board (which I never will be) I should pluck the certificate hunter. A State Board job is a thankless one, reading the enormous pile of papers twice

*See p. 311, "He Has 11 Licenses."

each year and trying properly to grade them is too much work to contribute solely for the purpose of playing a game. Sometimes my sympathy is with "examinee" and sometimes it is with the examiner but at no time is it with the fellow who takes State Board examinations for fun.

Many if not all State Boards have either an actual or a tentative percentage that they observe. For instance, some Boards usually flunk about twenty per cent of their applicants, some fifty per cent, some seventy-five per cent; in any event the man who passes these Boards for fun and not for the purpose of actual practice is blocking another man to whom the passage of the Board is a vital necessity. Some states require every candidate to make a signed statement that he intends to use the license if he gets one. I am in favor of national licenses but so long as state licenses prevail, the chronic "examinee" should be gently but firmly directed into other amusements.

Amendment No. 41114

EVER since the Stock Market collapse, the dentists and the members of other professions have had some difficulty in collecting their money. It might be a good idea to permit gambling in this country, but limit the privilege to those who pay their bills. This habit of gambling with other people's money whether it be in the Stock Market or anywhere else should be stopped. The prosperity of this country could be greatly increased by giving special privileges to those who pay their bills and special disqualifications to the "dead-beat."

It's February Again

THE only month that is correctly measured into four equal sections of one week each, is now with us. How much easier it would be if we had thirteen

months of four weeks each instead of the hit-or-miss arrangement that we have allowed our venerable but superstitious respect for the mystic number twelve to thrust upon us.

From the most ancient times the numbers three and four have been the basis of magic and mystery. Three plus four, the lucky seven, three times four, the powerful twelve. Twelve Gods on Mount Olympus, twelve men on a jury, twelve months in a year all belong to the old belief in numerology. The worship of Dionysis has not ceased; humanity loves to feel the mystic bonds of antiquity; man bows meekly to certain sacred numbers even when he knows that reason is absent. As modern, educated men let us give our support to the very earnest and sensible effort that is now being made to rearrange our calendar to thirteen lunar months of four weeks each. Then each day of the week will coincide with the same date in every month. If the new months are to start on Monday, then every Monday will be either the first, eighth, fifteenth, or twenty-second of every month in the year or the century or the millenium. How much easier it will be to make appointments and keep them; how ridiculous we are to limp along with a calendar that is far worse than the one Moses proposed.

American Dental Association Group Insurance

SO many applications have been received for policies that the group insurance plan of the A.D.A. is now in successful operation. On January 1st, 1930, the plan went into effect. The saving in cost of operation is very great. No dentist should fail to take advantage of this opportunity. Insurance is no longer a luxury, it is a staple. If you love your wife, you should carry insurance for her protection; if you do not love her, you should carry insurance as a decoy so that your successor will be easier to catch. In any

event apply for this A.D.A. Insurance NOW. Here is an interesting statement from Dr. Fred A. Richmond, Insurance Secretary of the A.D.A.:

"For the benefit of some members who have compared the plan to individual policies issued by other companies, we have made the following comparison, at age 25, with one of the largest insurance company's best policies:

COMPARISON OF A. D. A. GROUP INSURANCE WITH INDIVIDUAL POLICY AT AGE 25 YEARS

Policy Compared	Annual Cost Per $1000	Cost of $3000 For 5 Years	Comparison of Values for $3000 Ins. at End of 5 Yrs.			
			Cash Value	Accumulated Dividends*	Savings in Costs with Int.	Total Values
Individual Policy	$23.82	$357.30	$111.00	$51.96	.....	$162.96
Group Insurance	10.50	157.50	None	None	$238.76	238.76
Group Ins. Savings	$13.32	$199.80				$75.80

*Based on actual history.

"From the above, it is readily apparent that our Group plan, at age 25, represents a savings of $75.80 over a period of five years when compared to an individual policy, even though the individual policy were surrendered for its cash value at that time. Enjoying the savings on the Group Insurance does not affect, in any way, the original low rate or the full protection. The savings naturally increase at the higher ages, due to the increase in cost of the individual policy."

Those who were prompt in making application were not required to take a physical examination. From now on every applicant must have his arms, legs, eyes, ears, etc., counted and properly recorded.

Group insurance is another step in the direction of drawing closer together the members of the A.D.A. with bonds of mutual sympathy and interest. Dental Associations must become increasingly important in the welfare of their members. The day is not far dis-

tant when the citizen who is not a member of a powerful and well administered organization will simply be out of luck. Each profession must be welded into an instrument of benefit and protection.

A Great Dentist Passes

IN Dentistry when one says "Darby" he means Edwin Tyler Darby. For so many years he had been an active dentist that there are few, if any, who were in practice before him. In 1862 he began the study of dentistry with Dr. R. Walker at Oswego, New York. In 1864, before the Civil War ended, he graduated from the Pennsylvania College of Dental Surgery. He has been a great practitioner, a great teacher, a great leader. A polished charming gentleman of the "old school," always ready to advise the young man, to praise the man of accomplishment and to defend those friends who needed defense. He was pre-eminent as a teacher of Operative Dentistry, a splendid organizer, an outstanding executive. If Dentistry has any honor that has not been conferred upon Dr. Darby, I do not know what it is.

What a marvelous reunion there will be among those giants of the pioneer days when Edwin T. Darby makes his report. In him the old joined hands with the new. He was the living history of a grand profession. How few men live to see their dreams come true. There is no terror in an old age such as Dr. Darby's, his joy in living did not diminish. After his retirement from practice he was retained as advisor to the S. S. White Dental Manufacturing Co.

The long and happy lives of such men should be an encouragement to those who are now at the threshold of their professional lives. They could find no better guide than the example of Edwin Tyler Darby.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

Chinese patient over telephone: "Doc, what time you fixee teeth for me?"

Doctor: "Two-thirty, all right?"

Chinese patient: "Yes, tooth hurty me all light, but what time you want me to come?"

St. Peter was interviewing the fair damsel at the pearly gate: "Did you, while on earth," he asked, "indulge in necking, petting, smoking, drinking or dancing?"

"Never!" she retorted emphatically.

"Then, why haven't you reported here sooner?" said Pete. "You have been dead a long time."

His wife asked him to copy a radio recipe. He did his best, but got two stations at once:

Hands on hips, place one cup of flour on your shoulder, raise knees and depress toes; mix thoroughly in one-half cup of milk, repeat six times. Inhale quickly one-half teaspoon of baking powder, lower the legs and mash two hardboiled eggs in a sieve; exhale breath naturally and sift in a bowl. Attention! Lie flat on the floor and roll in the whites of two eggs backward and forward until it comes to a boil. In ten minutes remove from fire and rub smartly with a rough towel. Breathe naturally, dress in warm flannels and serve with tomato soup.

DOING HER BIT

Helen: "What are you knitting?"

Alice: "Something to cheer up the boys."

Helen: "Why, the war was over long ago."

Alice: "This is a bathing suit for me, my dear."

A rather fidgety lady entered a store one day and, in trying to make a final choice of goods, permitted the salesman to pull down nearly everything on the shelves, even to the last packet of pins.

To add to the young man's trials she finally blurted out: "You don't seem to have any gumption at all, young man."

"No, ma'am," meekly replied the salesman, "but we'll be pleased to order it for you if you wish."

Down in Arkansas a man was tried for assault and battery with intent to kill. The state produced as evidence the weapons used — a rail, a gun, saw and rifle. The defendant's counsel exhibited as the other man's weapons a scythe blade, pitchfork, pistol, dog, razor and hoe. After being out several hours, the jury gave their verdict:

"We the jury would have given a dollar to see the fight."

"Did you ever kiss a girl when she wasn't looking?"

"Not when she wasn't good looking."

"There are four requisites to a good story," explained the English teacher. "Brevity, a reference to religion, some association with royalty and an illustration of modesty. Now with these four things in mind, I will give you thirty minutes to write a story."

In less than thirty minutes Mickey McGuire's hand went up.

"Read your story," said the teacher.

Mickey read: "My Gawd," said the countess, "take your hand off my knee."